

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90047 043 ****61.25

DOCUMENT # N96000000192

1. Entity Name
HOLLYRIDGE OWNERS ASSOCIATION, INC.



Principal Place of Business
**2867 EVERHOLLY LANE
JACKSONVILLE, FL 32223 US**

Mailing Address
**2867 EVERHOLLY LANE
JACKSONVILLE, FL 32223 US**

90016306



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2856 Everholly Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

Country

32223

Country

01072007 Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3447864

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, MICHAEL S
2856 SWEET HOLLY DR
JACKSONVILLE, FL 32223**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **ACKLEY, GARY**
STREET ADDRESS **2843 EVERHOLLY LA**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **D** ☐ Change ☒ Addition
NAME **Nasworthy, R. C.**
STREET ADDRESS **2850 Everholly Lane**
CITY-ST-ZIP **Jacksonville, FL 32223**

TITLE **DP** ☐ Delete
NAME **MILLER, MICHAEL S**
STREET ADDRESS **2856 SWEET HOLLY DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☒ Delete
NAME **LONG, WILLIAM**
STREET ADDRESS **2867 EVERHOLLY LANE**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **DV** ☐ Change ☒ Addition
NAME **Bass, Tom**
STREET ADDRESS **2844 Everholly Lane**
CITY-ST-ZIP **Jacksonville, FL 32223**

TITLE **DV** ☐ Delete
NAME **LEHMANN, JAY**
STREET ADDRESS **2856 EVERHOLLY LA**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **DT** ☒ Change ☐ Addition
NAME **Lehmann, Jay**
STREET ADDRESS **2856 Everholly Lane**
CITY-ST-ZIP **Jacksonville, FL 32223**

TITLE **D** ☒ Delete
NAME **COLEMAN, JIM**
STREET ADDRESS **2820 EVERHOLLY LA**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **D** ☐ Change ☒ Addition
NAME **Branham, Freddy**
STREET ADDRESS **2892 Sweetholly Drive**
CITY-ST-ZIP **Jacksonville, FL 32223**

TITLE **DS** ☐ Delete
NAME **O'HARA, H**
STREET ADDRESS **2840 SWEET HOLLY DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Jay Lehman, DT 02/10/07 904-288-7911