


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90017 018 ****61.25

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| DOCUMENT # N96000000192 |  |
| 1. Entity Name HOLLYRIDGE OWNERS ASSOCIATION, INC. | |

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| Principal Place of Business 2867 EVERHOLLY LANE JACKSONVILLE, FL 32223 US | Mailing Address 2856 EVERHOLLY LANE JACKSONVILLE, FL 32223 US |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

60023933



04142008 Chg-NP CR2E037 (12/06)

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| 6. Name and Address of Current Registered Agent MILLER, MICHAEL S 2856 SWEET HOLLY DR JACKSONVILLE, FL 32223 | 7. Name and Address of New Registered Agent Name Jay Lehmann Street Address (P.O. Box Number is Not Acceptable) 2856 Everholly Lane City Jacksonville FL Zip Code FL 32223 |
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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 Jay Lehmann - Treasurer DATE 04/14/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| DP NASWORTHY, K.C. 2850 EVERHOLLY LANE JACKSONVILLE, FL 32223 | | D Nasworthy, K.C. | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| DP MILLER, MICHAEL S 2856 SWEET HOLLY DRIVE JACKSONVILLE, FL 32223 | | D Atkinson, Lynn 2888 Everholly Lane Jacksonville, FL 32223 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| DP BASS, TOM 2844 EVERHOLLY LANE JACKSONVILLE, FL 32223 | | DP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| DT LEHMANN, JAY 2856 EVERHOLLY LA JACKSONVILLE, FL 32223 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| DP BRANHAM, FREDDY 2892 SWEETHOLLY LANE JACKSONVILLE, FL 32223 | | DP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| DS O'HARA, H 2840 SWEET HOLLY DRIVE JACKSONVILLE, FL 32223 | | DS Gould, David 2883 Sweetholly Drive Jacksonville, FL 32223 | |

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.

SIGNATURE: Jay Lehmann - Treasurer DATE 4/14/08 DAYTIME PHONE # 904 288 7911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR