

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

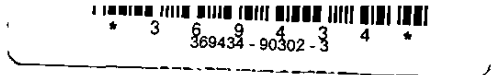
04-20-1999 90302 003 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000000453**

1. Corporation Name  
**HOLLY BUSINESS CENTER CONDOMINIUM ASSOCIATION, I NC.**

Principal Place of Business 787 CENTER ST HOLLY HILL FL 32117	Mailing Address 787 CENTER ST HOLLY HILL FL 32117
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Po Box 953 27 Suite, Apt. #, etc. 28 DEBARY, FL 29 32713 30 JOL	3. Date Incorporated or Qualified 01/25/1996	4. FEI Number APPLIED FOR 59-3512714 Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**EVANS, RICK**  
**387 MAGNOLIA PL**  
**DEBARY FL 32713**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, RICK	1.2 NAME	
STREET ADDRESS	387 MAGNOLIA PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL 32713	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, CAROLYN B	2.2 NAME	ROBIN CAREY
STREET ADDRESS	387 MAGNOLIA PLACE	2.3 STREET ADDRESS	505 8TH ST
CITY-ST-ZIP	DEBARY FL 32713	2.4 CITY-ST-ZIP	HOLLY HILL FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, JAMES E	3.2 NAME	32117
STREET ADDRESS	805 8TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL 32117	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 4-10-99 DAYTIME PHONE: 467-662-5673  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)