2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000453

FILED Apr 04, 2008 Secretary of State

Entity Name: HOLLY BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 787 CENTER ST HOLLY HILL, FL 32117 **Current Mailing Address: New Mailing Address:** 1867 OLD TOMOKA RD ORMOND BEACH, FL 32174 FEI Number: 59-3512714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MULLINS, MIKE L 1867 OLD TOMOKA RD ORMOND BEACH, FL 32174 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HUNTER, DEBORAH A MIRO, CARL Name: Name: 555 8TH STREET, UNIT H Address: 555 8TH STREET, UNIT A Address: City-St-Zip: HOLLY HILL, FL 32117 City-St-Zip: HOLLY HILL, FL 32117 Title: () Delete Title: () Change () Addition Name: MULLINS, MIKE L Name: Address: 555 8TH STREET UNIT J Address: City-St-Zip: HOLLY HILL, FL 32117 City-St-Zip: Title: () Delete Title: () Change () Addition WOERNER, CHARLES JR Name: Name: 787 CENTER STREET UNIT B Address: Address: City-St-Zip: HOLLY HILL, FL 32117 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: KENNEDY, CHARLES Address: Address: 406 MAIN TRAIL City-St-Zip: City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE L. MULLINS PRES 04/04/2008