

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000453

**FILED**  
**Mar 22, 2010**  
**Secretary of State**

**Entity Name:** HOLLY BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

787 CENTER ST  
HOLLY HILL, FL 32117

**New Principal Place of Business:**

787 CENTER ST  
SUITE J  
HOLLY HILL, FL 32117

**Current Mailing Address:**

1867 OLD TOMOKA RD  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 59-3512714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MULLINS, MIKE L  
1867 OLD TOMOKA RD  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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:**

Title: TSD  
Name: MIRO, CARL  
Address: 555 8TH STREET, UNIT A  
City-St-Zip: HOLLY HILL, FL 32117

Title: DP  
Name: MULLINS, MIKE L  
Address: 555 8TH STREET UNIT J  
City-St-Zip: HOLLY HILL, FL 32117

Title: D  
Name: WOERNER, CHARLES JR  
Address: 787 CENTER STREET UNIT B  
City-St-Zip: HOLLY HILL, FL 32117

Title: D  
Name: KENNEDY, CHARLES  
Address: 406 MAIN TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: MIKE L. MULLINS

PRES

03/22/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date