

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # N99000003505

1. Entity Name
SV/HOLLY POINT PROPERTIES, INC.



Principal Place of Business
4610 SOUTH MANHATTAN BLVD
TAMPA, FL 33611

Mailing Address
4178 MALBETH CT
WINSTON SALEM, NC 27104



01212008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
56-2150924

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDREW SERVICE CORPORATION OF FLORIDA
201 N. FRANKLIN ST., STE. 2100
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000795658
01/28/08-80056-016 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME WATERS, BRETT
STREET ADDRESS 1100 REYNOLDS BLVD
CITY-ST-ZIP WINSTON SALEM, NC 27105

TITLE D
NAME HAZLIP, JUDITH D
STREET ADDRESS 3435 COPLAND AVE
CITY-ST-ZIP CLERMONT, FL 34711

TITLE D
NAME EDMONDS, ANTHONY
STREET ADDRESS 645 HAYMAN CT
CITY-ST-ZIP DEBARY, FL 32713

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Brett L Waters, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brett L. Waters 1/23/08
Date

336-765-8134
Daytime Phone #