

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 719845

**Entity Name:** HOLLY GREENS VILLA, INC.**Current Principal Place of Business:**3070 GULF SHORE BOULEVARD NORTH  
NAPLES, FL 34103**Current Mailing Address:**4949 TAMIAMI TRAIL N  
STE 201  
NAPLES, FL 34103 US**FEI Number:** 59-1405101**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOORE, WILLIAM  
C/O MELDON CONSULTANTS  
4949 TAMIAMI TRL N STE201  
NAPLES, FL 34103 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**Officer/Director Detail :**

Title	SECRETARY, DIRECTOR
Name	JOHNSON, JOAN
Address	3070 GULF SHORE BLVD N #202
City-State-Zip:	NAPLES FL 34103

Title	TREASURER, DIRECTOR
Name	KEARNS, PATRICIA
Address	3070 GULF SHORE BLVD N #111
City-State-Zip:	NAPLES FL 34103

Title	PRESIDENT, DIRECTOR
Name	CIONI, BRYAN
Address	3070 GULF SHORE BLVD N #207
City-State-Zip:	NAPLES FL 34103

Title	VP, DIRECTOR
Name	GARGAN, JAMES
Address	3070 GULF SHORE BLVD N #204
City-State-Zip:	NAPLES FL 34103

Title	DIRECTOR
Name	DONNELLY, GREG
Address	3070 GULF SHORE BLVD N #102
City-State-Zip:	NAPLES FL 34103

*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:** BRYAN CIONI**PRESIDENT****04/29/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date