

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 22 PM 4: 25

DOCUMENT # N16905 (4)

1. Corporation Name  
HOLLY HILL RHF HOUSING, INC.

Principal Place of Business Mailing Address  
% C. PHILIP LAUCKS 900 ELEVENTH STREET HOLLY HILL FL 32117-3113

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/19/1986	3a. Date of Last Report 03/01/1994
4. FEI Number 59-2742497	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required	
8. This corporation has adopted Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reselecting) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGETIC, STEPHEN J.	1.2 NAME	
STREET ADDRESS	5150 E. PACIFIC COAST HWY, STE. 600	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADER, WILLIAM E.	2.2 NAME	
STREET ADDRESS	5150 E. PACIFIC COAST HWY, STE. 600	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRNKA, JOHN E.	3.2 NAME	
STREET ADDRESS	5150 E. PACIFIC COAST HWY, STE. 600	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISTOE, LINDA	4.2 NAME	
STREET ADDRESS	5150 E. PACIFIC COAST HWY, STE. 600	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, LAVERNE R.	5.2 NAME	
STREET ADDRESS	5150 E. PACIFIC COAST HWY, STE. 600	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUCKS, C. PHILIP	6.2 NAME	
STREET ADDRESS	900 ELEVENTH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: C. Philip Laucks, Asst. Sec. 2/18/95 904-226-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
C. PHILIP LAUCKS  
Date Daytime Phone #