

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

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900 ELEVENTH STREET  
HOLLY HILL FL 32117-3113

3. Date Incorporated or Qualified  
**09/19/1986**

3a. Date of Last Report  
**03/22/1995**

2. Principal Place of Business

2a. Mailing Address **c/o RHF, 5150**

21 **c/o Administrator**

26 **E Pacific Coast Highway**

4. FEI Number  
**59-2742497**

Applied For  
Not Applicable

22 **900 Eleventh Street**

27 **Suite 600**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23 **Holly Hill, FL**

28 **Long Beach, CA 90804 3312**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24 **32117 3113** 25 **USA**

29 **90804 3312** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	MARGETIC, STEPHEN J.	
STREET ADDRESS	5150 E. PACIFIC COAST HWY, STE. 600	
CITY-ST-ZIP	LONG BEACH CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RADER, WILLIAM E.	
STREET ADDRESS	5150 E. PACIFIC COAST HWY, STE. 600	
CITY-ST-ZIP	LONG BEACH CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRNKA, JOHN E.	
STREET ADDRESS	5150 E. PACIFIC COAST HWY, STE. 600	
CITY-ST-ZIP	LONG BEACH CA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LISTOE, LINDA	
STREET ADDRESS	5150 E. PACIFIC COAST HWY, STE. 600	
CITY-ST-ZIP	LONG BEACH CA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOSEPH, LAVERNE R.	
STREET ADDRESS	5150 E. PACIFIC COAST HWY, STE. 600	
CITY-ST-ZIP	LONG BEACH CA	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	LAUCKS, C. PHILIP	
STREET ADDRESS	900 ELEVENTH STREET	
CITY-ST-ZIP	HOLLY HILL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>90804 3312</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D MOORE, JEAN</b>
2.3 STREET ADDRESS	<b>5150 E Pacific Coast Hwy, Ste 600</b>
2.4 CITY-ST-ZIP	<b>Long Beach, CA 90804 3312</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>90804 3312</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>90804 3312</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<b>90804 3312</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D CHAPMAN, REX</b>
6.3 STREET ADDRESS	<b>5150 E PACIFIC COAST HWY, STE 600</b>
6.4 CITY-ST-ZIP	<b>LONG BEACH CA 90804 3312</b>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

310/597-5541

Daytime Phone #

CR2E037 (12/95)