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FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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/O ADMINISTRATOR 900 ELEVENTH STREET HOLLY HILL FL 32117-3113 US
C/O RHF 5150 E PACIFIC COAST HIGHWAY, SUITE 600 LONG BEACH CA 90804-3312 US

3. Date Incorporated or Qualified 09/19/1986
3a. Date of Last Report 05/14/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
4. FEI Number 59-2742497 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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
81 Name NRAI Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 526 East Park Avenue
83
84 City Tallahassee FL 85 Zip Code 32301

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 SEE ATTACHED CHANGE OF AGENT FORM
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JEAN	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, REX	6.2 NAME	
STREET ADDRESS	5150 E PACIFIC COAST HWY, STE 600	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Lister, Secretary 4/30/97 562/597-5541

CR2E037 (9/96)