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**May 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16905 (4)
1. Corporation Name
HOLLY HILL RHF HOUSING, INC.



Principal Place of Business C/O ADMINISTRATOR 800 ELEVENTH STREET HOLLY HILL FL 32117-3113 US	Mailing Address C/O RHF 5150 E PACIFIC COAST HIGHWAY, SUITE 600 LONG BEACH CA 90804-3312 US
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3. Date Incorporated or Qualified 09/19/1986	Applied For
4. FEI Number 59-2742497	Not Applicable

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	29
25	30

5. Certificate of Status Desired <input 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NRAI SERVICES INC
526 E PARK AVE
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (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 type="checkbox"/> DELETE
NAME	MOORE, JEAN	
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	D	<input type="checkbox"/> DELETE
NAME	CHAPMAN, REX	
STREET ADDRESS	5150 E PACIFIC COAST HWY, STE 600	
CITY-ST-ZIP	LONG BEACH CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Linda Listoe* Sec *4/20/98 562/597-5541*

CR2E037 (10/97)