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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N16905

1. Corporation Name
HOLLY HILL RHF HOUSING, INC.

Principal Place of Business C/O ADMINISTRATOR 900 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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/19/1986
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2742497
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
			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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" 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	Long Beach CA 90804-3312
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" 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	Long Beach CA 90804-3312
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" 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	Long Beach CA 90804-3312
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" 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	Long Beach CA 90804-3312
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" 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	Long Beach CA 90804-3312
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAPMAN, REX	6.2 NAME	Donald W. King
STREET ADDRESS	5150 E PACIFIC COAST HWY, STE 600	6.3 STREET ADDRESS	5150 E Pacific Coast Hwy, Ste 600
CITY-ST-ZIP	LONG BEACH CA	6.4 CITY-ST-ZIP	Long Beach CA 90804-3312

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ Linda Listoe, Secretary 4/26/99 (562) 597-5541
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)