


2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 08, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N16905</b> 1. Entity Name HOLLY HILL RHF HOUSING, INC.	
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Principal Place of Business 900 LPGA BLVD HOLLY HILL, FL 32117-3113 US	Mailing Address 911 N. STUDEBAKER ROAD C/O RHF LONG BEACH, CA 90815 US
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**DO NOT WRITE IN THIS SPACE**



03202008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2742497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MASUDA, TOM S 911 N. STUDEBAKER ROAD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC POTTER, CHRISTINA E 911 N. STUDEBAKER ROAD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRNKA, JOHN E 911 N. STUDEBAKER ROAD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STOUFF, DEBORAH 911 N. STUDEBAKER ROAD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH, LAVERNE R 911 N. STUDEBAKER ROAD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KING, DONALD W 911 N. STUDEBAKER ROAD LONG BEACH, CA 908154900

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04/18/08-90071-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Deborah J. Stouff* Deborah J. Stouff, Secretary **3-24-08** 562-257-5100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #