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Annual Report

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CORPORATION ANNUAL REPORT 1993



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APR 21 1993

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

1. Name and Mailing Address of Corporation: **DOCUMENT # N16905 (4)**
HOLLY HILL RHF HOUSING, INC.
% C. PHILIP LAUCKS
900 11TH ST
HOLLY HILL FL 32117-3113

DO NOT WRITE IN THIS SPACE

if above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.
FILING FEE \$200.00 ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified **09/19/1986** 3a. Date of Last Report **04/17/1992**
4. FEI Number **592742497** Applied For Not Applicable
5. Certificate of Status Desired **\$38.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **NO** **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$138.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Mailing Address 2a. Principle Place of Business
21. Suite, Apt. #, etc. 25. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. Zip Country 29. Zip Country

9. Name and Address of Current Registered Agent
LAUCKS, C. PHILIP
900 ELEVENTH STREET
HOLLY HILL FL 32017

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 86. Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS
1.1 TITLE **V/T**
1.2 NAME **MARGETIC, STEPHEN J.**
1.3 ADDRESS **401 E. OCEAN BLVD., #300**
1.4 CITY-ST-ZIP **LONG BEACH CA**
2.1 TITLE **D**
2.2 NAME **RADEN, WILLIAM E.**
2.3 ADDRESS **401 E. OCEAN BLVD., #300**
2.4 CITY-ST-ZIP **LONG BEACH CA**
3.1 TITLE **D**
3.2 NAME **TRNKA, JOHN E.**
3.3 ADDRESS **401 E. OCEAN BLVD., #300**
3.4 CITY-ST-ZIP **LONG BEACH CA**
4.1 TITLE **S/D**
4.2 NAME **LISTOE, LINDA**
4.3 ADDRESS **401 E. OCEAN BLVD., #300**
4.4 CITY-ST-ZIP **LONG BEACH CA**
5.1 TITLE **P/D**
5.2 NAME **JOSEPH, LAVERNE R.**
5.3 ADDRESS **401 E. OCEAN BLVD., #300**
5.4 CITY-ST-ZIP **LONG BEACH CA**
6.1 TITLE **A/S**
6.2 NAME **LAUCKS, C. PHILIP**
6.3 ADDRESS **900 ELEVENTH STREET**
6.4 CITY-ST-ZIP **HOLLY HILL FL**

13. OFFICERS AND DIRECTORS CHANGES
1.1 TITLE **V/T/D**
1.2 NAME **MARGETIC, STEPHEN J.**
1.3 ADDRESS **5150 E. PACIFIC COAST HWY**
1.4 CITY-ST-ZIP **LONG BEACH, CA. 90804**
2.1 TITLE
2.2 NAME
2.3 ADDRESS **5150 E. PACIFIC COAST HWY, ST. 600**
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 ADDRESS **5150 E. PACIFIC COAST HWY, ST. 600**
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 ADDRESS **5150 E. PACIFIC COAST HWY, ST. 600**
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 ADDRESS **5150 E. PACIFIC COAST HWY, ST. 600**
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 ADDRESS
6.4 CITY-ST-ZIP

14. I 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. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13, or on an attachment with an address.

SIGNATURE **C. Philip Laucks** DATE **4/19/93**
Print/Type Name of Signing Officer or Director Title(s) **ASST. SECRETARY** Daytime Telephone Number **(904) 226-9000**

CR-203-111922