

N16905

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Annual Report
Filed 3-1-94

2 pgs.

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1994



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

APPROVED
AND
FILED

94 MAR -1 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
HOLLY HILL RHF HOUSING, INC.

DOCUMENT #
N16905 (4)

Mailing Address: **% C. PHILIP LAUCKS, 900 ELEVENTH STREET, HOLLY HILL FL 32117-3113**

Principal Place of Business: **% C. PHILIP LAUCKS, 900 ELEVENTH STREET, HOLLY HILL FL 32117-3113**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/19/1966**

3a. Date of Last Report: **04/21/1993**

4. FEI Number: **59-2742497**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **NO**

7. Nonprofit Exempt from \$138.75 Supplemental Fee:

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Mailing Address: **21**

2a. Principal Place of Business: **26**

22. State, Apt. #, etc: **27**

23. City & State: **28**

24. Zip: **25** Country: **29** Zip: **30** Country:

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name: **THE PRENTICE HALL CORPORATION SYSTEM, INC.**

82 Street Address (P.O. Box Number is Not Acceptable): **1201 HAYES STREET**

83: **SUITE 105**

84 City: **TALLAHASSEE** FL 85 Zip Code: **32301**

11. Pursuant to the provisions of Sections 607.0102 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

11 TITLE	V/D
12 NAME	MARGETIC STEPHEN J.
13 STREET ADDRESS	5150 E. PACIFIC COAST HWY, STE. 600
14 CITY-ST-ZIP	LONG BEACH CA
21 TITLE	D
22 NAME	RADER, WILLIAM E.
23 STREET ADDRESS	5150 E. PACIFIC COAST HWY, STE. 600
24 CITY-ST-ZIP	LONG BEACH CA
31 TITLE	D
32 NAME	TRNKA, JOHN E.
33 STREET ADDRESS	5150 E. PACIFIC COAST HWY, STE. 600
34 CITY-ST-ZIP	LONG BEACH CA
41 TITLE	S/D
42 NAME	LISTOE, LINDA
43 STREET ADDRESS	5150 E. PACIFIC COAST HWY, STE. 600
44 CITY-ST-ZIP	LONG BEACH CA
51 TITLE	P/D
52 NAME	JOSEPH, LAVERNE R.
53 STREET ADDRESS	5150 E. PACIFIC COAST HWY, STE. 600
54 CITY-ST-ZIP	LONG BEACH CA
61 TITLE	A/S
62 NAME	LAUCKS, C. PHILIP
63 STREET ADDRESS	900 ELEVENTH STREET
64 CITY-ST-ZIP	HOLLY HILL FL

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning the enclosed process imposed by Chapter 7, Florida Statutes; that I am an officer or director of the corporation or the managing trustee empowered to execute the filing; that I am familiar with, and accept the obligations of, Florida Statutes, and that I am appearing before you as a duly appointed agent.

SIGNATURE: **C. PHILIP LAUCKS** 2/2/94 904 226 9008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR