Organization ID # State of origin Filing fee \$115.0	KY			of Kentucky s, Secretary	Aliso Kent Rece	D2613.09 D2613.09 Definition NP Definition NP Definition NP NP NP NP NP NP NP NP NP NP
Alison Lunderga Secretary of P. O. Box Frankfort, KY 40 (502) 564-3 http://www.sos	State 718 602-0718 3490			Application a Annual Repo ear 2017	Ind	Receipt: \$115.00
P.O. BOX 22	INGS HOMEOV	VNERS ASSOCI		name/ form, 1 addres reinsta filed or	incipal office address office address cannot I When reinstating, you ca ses until the reinstatem tement is filed, the state line at <u>app.sos.ky.gov/</u> aded from our website.	be changed on this annot modify the ent is filed. Once the ment of change can be
9004 WILLO LOUISVILLE If the above company is	included in a par		ntucky tax return as a	a disregarded e		
	Name:			tions must list at least one (1) it		
FEIN:	Name: List the name, addr default to the principal	office address. Corpo	rations are required to list	t a Secretary or other officer s	erving as records custod	lian
FEIN: Principal Officers -	Name:	Office address. Corpo	rations are required to list	t a Secretary or other officer se 018 Willow Sp	erving as records custod	ouisville KY 402
FEIN: Principal Officers - specified, officer addresses of Treasurer	Name: List the name, addr default to the principal ANN LUE DIANE_C	Office address. Corpo	rations are required to list	t a Secretary or other officer so 018 W:11ه Sp 1 1008 Ho1 13 W:110w Sp	rings Dr. L Ly Serings	ouisville KY 402
FEIN: Principal Officers - specified, officer addresses of Treasurer President	Name: List the name, addr default to the principal ANN LUE DIANE_C	I office address. Corpo RMAN ORMIER Kev TZCLAW	rations are required to list	t a Secretary or other officer so 018 W:11ه Sp 1 1008 Ho1 13 W:110w Sp	rings Dr. L Ly Serings	ouisville KY402 Dr. Louisville k
FEIN:	Name: List the name, addr default to the principal ANN LUE BHANE-Ct JAN HOL TISHA-DE	I office address. Corpo RMAN ORMIER Kev TZCLAW EBELLIS JE	rations are required to list <u> <u> </u> </u>	t a Secretary or other officer so 018 W:11ه Sp 1 1008 Ho1 13 W:110w Sp	rving as records custod rvings Dr. L ly Springs vings Dr. Lo Jilloy Spring	ian ou.sville KY 402 SDr. Louisville k Misville KY 4024 ZSAr Louisville KY
FEIN: precified, officer addresses of Treasurer President Vice President Secretary Directors - Non-profit c	Name: List the name, addr default to the principal ANN LUE BHANE-Ct JAN HOL TISHA-DE	e at least three (3) dire	rations are required to list in Cray coff 90 90 actors. All directors of the 910 Yeillon	t a Secretary or other officer so 018 W:1100 Sp 1 1008 Ho1 13 W:1100 Sp or Je 9009 N non-profit must be listed. If no w Wood Place	erving as records custod rings Dr. L ly Springs rings Dr Lo Jilloy Spring t specified, director add e Lonisvi	ian <u>ouisville KY</u> 402 <u>ouisville KY4024</u> 2 <u>ouisville KY4024</u> 2 <u>ouisville KY4024</u> 2 resses default to the principal
FEIN:	Name: List the name, addr default to the principal ANN LUE DIANE C t JAN HOL TISHA Df corporations must hav	e at least three (3) dire	rations are required to list in Cray crof- 40 90 90 910 Yeilon 910 Holly	t a Secretary or other officer so 018 W:1100 Sp 1 1008 Ho1 13 Willow Sp or Je 9009 1 non-profit must be listed. If no w Wood Place Space 3 Ct.	enving as records custod rings Dr. L ly Springs rings Dr La Jillou Spring t specified, director add <u>C Lowisvi</u> 40242	ian <u>ouisville KY</u> 402 <u>ouisville KY4024</u> 2 <u>ouisville KY4024</u> 2 <u>ouisville KY4024</u> 2 resses default to the principal
FEIN:	Name: List the name, addr default to the principal ANN LUE <u>DIANE Ct</u> JAN HOL <u>TISHA DI</u> corporations must hav	e at least three (3) dire	rations are required to list in Cray coff 90 90 actors. All directors of the 910 Yeillon	t a Secretary or other officer so 018 W:1100 Sp 1 1008 Ho1 13 Willow Sp or Je 9009 1 non-profit must be listed. If no w Wood Place Space 3 Ct.	erving as records custod rings Dr. L ly Springs rings Dr Lo Jilloy Spring t specified, director add e Lonisvi	ian <u>ouisville KY</u> 402 <u>ouisville KY4024</u> 2 <u>ouisville KY4024</u> 2 <u>ouisville KY4024</u> 2 resses default to the principal
FEIN: perincipal Officers - specified, officer addresses of Treasurer President Vice President Secretary Directors - Non-profit c office address. JIM HOLSTON KEVIN CRAYCROF JACK KANE The above entity was The undersigned state	Name: List the name, addr default to the principal ANN LUE JAN HOL JAN HOL 	I office address. Corpo RMAN ORMIER Kev TZCLAW DELLIG Jer re at least three (3) dire (3) dire (3) dire (3) dire (3) dire (3) dire (3) dire (3) dire (4) dissolved on Oc nds for dissolutio	rations are required to list	t a Secretary or other officer so 018 W: 1100 Sp 13 W: 1100 Sp or Je 9009 M non-profit must be listed. If no w Wood Place Springs D- listed as ause the entity did not the st or have been elimination	ille its annual report	ian ou.sville KY 402 Dr. Louisville KY solve KY 40242 solve KY 40242 resses default to the principal ILE KY 40242 Fit directors ort for the year 2017. y's name satisfies the
FEIN: specified, officer addresses of Treasurer President Vice President Secretary Directors - Non-profit c office address. JIM HOLSTON KEVIN CRAYCROF JACK KANE The above entity was The undersigned state requirements of KRS Under penalty of perju information pertaining	Name: List the name, addr default to the principal ANN LUE <u>JAN HOL</u> <u>JAN HOL</u> <u>JAN HOL</u> corporations must hav <u>JAN HOL</u> administratively es that the group 273.3181. Enclo ury, the below sig to HOLLY SPR	A dissolved on Oc addissolved o	rations are required to list	t a Secretary or other officer so 018 W:1100 Sp 13 W:1100 Sp 13 W:1100 Sp 13 W:1100 Sp 13 W:1100 Sp 10 C 9009 M non-profit must be listed. If no w Wood Place Springs Dr 10 Sted as ause the entity did not i	ille its annual report Non - Pro-	$\frac{1}{200.5 \times 10^{10} \text{ KY 402}}$
FEIN: specified, officer addresses of Treasurer President Vice President Secretary Directors - Non-profit c office address. JIM HOLSTON KEVIN-GRAYGROF JACK KANE The above entity was The undersigned state requirements of KRS Under penalty of perju information pertaining reinstatement pursua	Name: List the name, addr default to the principal ANN LUE <u>DIANE Ct</u> JAN HOL JAN HOL JAN HOL cor 	A dissolved on Oc addissolved o	rations are required to list	t a Secretary or other officer so 018 W: 1100 Sp 13 W: 1100 Sp 13 W: 1100 Sp 13 W: 1100 Sp 13 W: 1100 Sp 1009 M non-profit must be listed. If no w Wood Place Springs D 11 sted q s ause the entity did not the st or have been eliminated 15.00, payable to Kent ky Department of Rever ION, INC. to the Secret	enving as records custod r:ngs Dr . L r:ngs Dr La r:ngs $r:ngs$ $r:ng$	$\frac{1}{2} \frac{1}{2} \frac{1}$
FEIN: specified, officer addresses of Treasurer President Vice President Secretary Directors - Non-profit c office address. JIM HOLSTON KEVIN-GRAYGROF JACK KANE The above entity was The undersigned state requirements of KRS Under penalty of perju information pertaining reinstatement pursua	Name: List the name, addr default to the principal <u>ANN LUE</u> <u>JAN HOL</u> <u>JAN HOL</u> <u>JAN</u>	A dissolved on Oc addissolved o	rations are required to list	t a Secretary or other officer so 018 W: 100 Sp 1008 Ho 13 W: 1100 Sp 13 W: 1100 Sp 1009 M 1009 M 10009 M 1009 M 10009 M	enving as records custod r:ngs Dr . L r:ngs Dr La r:ngs $r:ngs$ $r:ng$	$\frac{1}{2} \frac{1}{2} \frac{1}$



DANIEL P. BORK Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

November 6, 2017

HOLLY SPRINGS HOMEOWNERS ASSOCIATION, INC. P.O. BOX 22276 LOUISVILLE KY 40252-0276

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **HOLLY SPRINGS HOMEOWNERS ASSOCIATION, INC.** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Ramon REV4636, Taxpayer Services Specialist I Pass Through Entity Branch 501 High Street, Mail Station 52 Frankfort, KY 40601 Phone# (502) 564-2169 Fax# (502) 564-0058

Kentucky Secretary of State organization number 0202613

