

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008376

FILED
Jan 09, 2007
Secretary of State

Entity Name: MULBERRY HOLLOW HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3912 N DEAN RD
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

PO BOX 677132
ORLANDO, FL 32867

New Mailing Address:

FEI Number: 59-3735371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETANCOURT, VICENTE
9909 HOLLOW POINTE WAY
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: BMD () Delete
Name: TROUNY, HIOU Q
Address: 3818 HOLLOW CROSSING DR
City-St-Zip: ORLANDO, FL 32817

Title: BMD () Delete
Name: CHALLAPALLI, SURYANAYAUN
Address: 3912 HOLLOW CROSSING DR
City-St-Zip: ORLANDO, FL 32817

Title: BMD () Delete
Name: BARTLEY, JON W
Address: 9312 HOLLOW CROSSING DR
City-St-Zip: ORLANDO, FL 32817

Title: PBMD () Delete
Name: BETANCOURT, VICENTE
Address: 9909 HOLLOW POINTE WAY
City-St-Zip: ORLANDO, FL 32817

Title: BMD () Delete
Name: MONGE, HECTOR
Address: 9906 HOLLOW POINTE WAY
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: BMD (X) Change () Addition
Name: TRUONG, HIEU Q
Address: 3818 HOLLOW CROSSING DR
City-St-Zip: ORLANDO, FL 32817

Title: BMD (X) Change () Addition
Name: BAKER, WILLIAM E
Address: 4018 HOLLOW CROSSING DR
City-St-Zip: ORLANDO, FL 32817

Title: BMD (X) Change () Addition
Name: CALSON, DOUGLAS G
Address: 3834 HOLLOW CROSSING DR
City-St-Zip: ORLANDO, FL 32817

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BMD (X) Change () Addition
Name: MONGE, HECTOR J
Address: 9906 HOLLOW POINTE WAY
City-St-Zip: ORLANDO, FL 32817

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICENTE BETANCOURT

PBMD

01/09/2007

Electronic Signature of Signing Officer or Director

Date