


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 08:00 AM
Secretary of State


DOCUMENT # N02000009837

1. Entity Name
 HOLLOWAY ESTATES ADDITION HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 205 RIDGEWOOD AVE BRANDON, FL 33510	Mailing Address 205 RIDGEWOOD AVE BRANDON, FL 33510
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03042004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2866686	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMS, RONNIE L
 205 RIDGEWOOD AVE
 BRANDON, FL 33510

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

Filing Fee is \$81.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000082245 03/09/04-80021-025 61 25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMADEN, WALTER D 205 RIDGEWOOD AVENUE BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, RONNIE L 205 RIDGEWOOD AVENUE BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, DONNA 205 RIDGEWOOD AVENUE BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3-4-04 727 423 259**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #