


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000009837 1. Entity Name HOLLOWAY ESTATES ADDITION HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business 4412 HOLLOWAY MEADOW LN. PLANT CITY, FL 33567	Mailing Address POST OFFICE BOX 2034 VALRICO, FL 33595
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DO NOT WRITE IN THIS SPACE



04162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 42-1599689	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

OOSTING, NORMA
 4412 HOLLOWAY MEADOW LN.
 PLANT CITY, FL 33567

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BACON, JAMES 4409 HOLLOWAY MEADOW LN. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEREZ, SERGIO 4402 HOLLOWAY MEADOW LN PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OOSTING, NORMA 4412 HOLLOWAY MEADOW LN PLANT CITY, FL 33567
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 05/27/08-80057-022-61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Norma Oosting, STD 4/28/08 913 737-1774
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #