2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90039 001 ****70.00

DOCUMENT # N29815

1. Entity Name

THE HOLLOWS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O THE TRIAX GROUP 4201 NORTH DIXIE HIGHWAY BOCA RATON FL 33431 B	% THE TRIAX GROUP P.O. BOX 6286 BOCA RATON FL 33427

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O THE TRIAX GROUP	
Suite, Apt. #, etc. P.O. BOX 6286	Suite, Apt. #, etc.
City & State BOCA RATON FL	City & State
Zip 33427-6286	Country
	Zip
	Country

4. FEI Number 65-0093702 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORTH, GLORIA O
NORTHERN TRUST PLAZA
301 YAMATO ROAD, SUITE 4120
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name: GLORIA O. NORTH
Street Address (P.O. Box Number is Not Acceptable): 2300 GLADES ROAD #203-E
City: BOCA RATON FL Zip Code: 33431

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.

SIGNATURE: Gloria O. North 2/23/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP AFRICK, EVELYN 16680 ECHO HOLLOW LANE DELRAY BEACH FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LEEDS, PAUL 6141 HOLLOWS LANE DELRAY BEACH FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV PUTTERMAN, ALVIN 16741 ECHO HOLLOW CIRCLE DELRAY BEACH FL 33484	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BEDACK, PHYLLIS 6240 HOLLOWS LANE DELRAY BEACH FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT KAPLAN, HOWARD 5981 HOLLOWS LANE DELRAY BEACH FL 33484	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T KELLER, LOUIS 5921 HOLLOWS LANE DELRAY BEACH FL 33484	☐ Change ☒ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Louis H. Keller LOUIS H. KELLER 3/1/00 561-499-8889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #