

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N29815**

1. Entity Name

THE HOLLOWS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O THE TRIAX GROUP
P O BOX 6286
BOCA RATON FL 33427-6286
B% THE TRIAX GROUP
P.O. BOX 6286
BOCA RATON FL 33427

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

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

7. Name and Address of New Registered Agent

NORTH, GLORIA O
2300 GLADES ROAD #203-E
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
LEEDS, PAUL
6141 HOLLOWS LANE
DELRAY BEACH FL 33484 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/SR ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
KELLER, LOUIS
5921 HOLLOWS LANE
DELRAY BEACH FL 33484 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/VP ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BEDACK, PHYLLIS
6240 HOLLOWS LANE
DELRAY BEACH FL 33484 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/VP
FRANK, STANLEY
6241 HOLLOWS LANE
DELRAY BEACH FL 33484 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/01 561 999 8889

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90307 030 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)