2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2004
Secretary of State

DOCUMENT# N29815

Entity Name: THE HOLLOWS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O THE TRIAX GROUP
P O BOX 6286
BOCA RATON, FL 334276286 B

New Principal Place of Business:

Current Mailing Address:

% THE TRIAX GROUP
P.O. BOX 6286
BOCA RATON, FL 33427

New Mailing Address:

FEI Number: 65-0093702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORTH, GLORIA O
2300 GLADES ROAD #203-E
BOCA RATON, FL 33431 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: DP ( ) Delete
Name: AFRICK, EVELYN
Address: 16680 ECHO HOLLOW LANE
City-St-Zip: DELRAY BEACH, FL 33484

Title: DST ( ) Delete
Name: LEEDS, PAUL
Address: 6141 HOLLOWS LANE
City-St-Zip: DELRAY BEACH, FL 33484

Title: DVP ( ) Delete
Name: KELLER, LOUIS
Address: 5921 HOLLOWS LANE
City-St-Zip: DELRAY BEACH, FL 33484

Title: DVP ( ) Delete
Name: STANLEY, FRANK
Address: 6241 HOLLOWS LANE
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL LEEDS DST 08/31/2004

Electronic Signature of Signing Officer or Director — Date