

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N29815

FILED
Jan 13, 2006
Secretary of State

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

Current Principal Place of Business:

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

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: GLORIA O. NORTH

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 HOLLOWES LANE
City-St-Zip: DELRAY BEACH, FL 33484

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

Title: DVP () Delete
Name: STANLEY, FRANK
Address: 6241 HOLLOWES 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 Chapter 119, 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

D

01/13/2006

Electronic Signature of Signing Officer or Director

Date