NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS** 

1996

N9400002997 (4) **DOCUMENT #** THE HOLLOW HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 312 SE 17TH STREET 312 SE 17TH STREET SUITE 300 SUITE 300 FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 3. Date Incorporated or Qualified 3a. Date of Last Benort 06/13/1994 04/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3/2 S.E.1 APPLIED FOR 3/2 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name COLLINS, WALTER C Street Address (P.O. Box Number is Not Acceptable) 111 E LAS OLAS BLVD FT LAUDERDALE FL-0936 LAUDERDALE 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DPT DELETE TITLE 1.1 TITLE Change ☐ Addition COLLINS, WALTER C. NAM-COLLINS, WALTER C 1.2 NAME 312 S.E. 174 STREET STREET ADDRESS 144 E LAS OLAS BLVD 1.3 STREET ADDRESS FORT LAUDERDALE, FL 33316 FT LAUDERDALE FL 383017 7 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE NAME CANTRELL, WILLIAM 2.2 NAME CANTROLL WILLIAM BIZ S.E. 1755 STREET 144 E LAS OLAS BLVD STREET ADDRESS 23 STREET ADDRESS FT LAUDERDALE FL 23304-CITY - ST - ZIP 2. 4 CITY-ST-ZIP FORT LAUDERBAGE FL 33316 DELETE TILLE DS ☐ Addition 31 TITLE 52 Change ADAMS, PHIL NAME 32 NAME ABAMS, PHIL 411 E LAS OLAS BLVD-312 S.E. 17 16 STREET STREET ADDRESS 3.3 STREET ADDRESS FT LAUDERDALE FL 32301> FORT LAUSERDALE, FL 33316 CITY - ST - ZIP 3.4 City-St-ZiP TITLE DELETE Addition 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 4.4 CITY-ST-ZIP DELETE ■ Addition THLE 5.1 TITLE Change | NAME 52 NAME STREET ADORESS **53 STREET ADDRESS** CITY - ST- ZIP 54 CITY-ST-ZIP DEFELE TITLE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS** 

certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further

SIGNATURE:

CITY-ST-ZIP

(12/95)