

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
 03-08-2001 90115 008 ****61.25

DOCUMENT # N94000002997

1. Entity Name

THE HOLLOW HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

312 SE 17TH STREET
 SUITE 300
 FT LAUDERDALE FL 33324
 US

Mailing Address

312 SE 17TH STREET
 SUITE 300
 FT LAUDERDALE FL 33324
 US

2. Principal Place of Business

c/o Continental Group LTD

3. Mailing Address

c/o Continental Group LTD

Suite, Apt. #, etc.

1067 Shotgun Road

Suite, Apt. #, etc.

1067 Shotgun Road

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33326

Country

USA

Zip

USA

Country

33326

4. FEI Number

65-0571477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, WALTER C
312 SE 17TH STREET
SUITE 300
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

Louise Tudzarov

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

345 W Oakland Park Blvd

City

Ft Lauderdale

FL

Zip Code

33311

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

TITLE **DPT** ☒ Delete
 NAME **COLLINS, WALTER C**
 STREET ADDRESS **312 SE 17TH STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **DV** ☒ Delete
 NAME **CANTRELL, WILLIAM**
 STREET ADDRESS **312 SE 17TH STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **DS** ☒ Delete
 NAME **ADAMS, PHIL**
 STREET ADDRESS **312 SE 17TH STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME **Diez, Manny**
 STREET ADDRESS **2991 Hidden Hollow Lane**
 CITY-ST-ZIP **Davie, FL 33328**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **Milch, Michelle**
 STREET ADDRESS **3150 Hidden Hollow Lane**
 CITY-ST-ZIP **Davie, FL 33328**

TITLE **S/TP** ☒ Change ☐ Addition
 NAME **Valdez, Victoria**
 STREET ADDRESS **3130 Hidden Hollow Lane**
 CITY-ST-ZIP **Davie, FL 33328**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)