


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000002997</b> 1. Entity Name <b>THE HOLLOW HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2950 N 28 TERRACE HOLLYWOOD, FL 33020 US</b>			Mailing Address <b>2950 N 28 TERRACE HOLLYWOOD, FL 33020 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. # etc			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>EISINGER, DENNIS 4000 HOLLYWOOD BLVD STE 265-S HOLLYWOOD, FL 33021</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	VPD <input type="checkbox"/> Delete				
NAME	KENO, DEBBIE				
STREET ADDRESS	3201 HIDDEN HOLLOW LANE				
CITY- ST- ZIP	DAVIE, FL 33328				
TITLE	VP <input type="checkbox"/> Delete				
NAME	MARIANO, VINCENE				
STREET ADDRESS	3141 HIDDEN HOLLOW LN				
CITY- ST- ZIP	DAVIE, FL 33328				
TITLE	P <input type="checkbox"/> Delete				
NAME	BALANDIS, ROBERT				
STREET ADDRESS	3111 HIDDEN HOLLOW LN				
CITY- ST- ZIP	DAVIE, FL 33328				
TITLE	D <input type="checkbox"/> Delete				
NAME	CRISSY, LIZ				
STREET ADDRESS	3121 HIDDEN HOLLOW LN				
CITY- ST- ZIP	DAVIE, FL 33328				
TITLE	T <input type="checkbox"/> Delete				
NAME	WAKET, SUE				
STREET ADDRESS	315 HIDDEN HOLLOW LANE				
CITY- ST- ZIP	FORT LAUDERDALE, FL 33328				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY- ST- ZIP _____				
<b>U000000216644</b> <b>02/05/05-80056-010 61.25</b>					
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					
<b>SIGNATURE:</b> <u>Robert Balandis</u> <b>ROBERT BALANDIS</b> <b>1-24-2005</b> <b>954-473-0244</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0571477** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**FL**