


**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90052 021 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # N94000002997			
1. Entity Name THE HOLLOW HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2950 N 28 TERRACE HOLLYWOOD, FL 33020 US		Mailing Address 2950 N 28 TERRACE HOLLYWOOD, FL 33020 US	
2. Principal Place of Business - No P.O. Box #		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		7. Name and Address of New Registered Agent	
EISINGER, DENNIS 4000 HOLLYWOOD BLVD STE 265-S HOLLYWOOD, FL 33021		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENO, DEBBIE	NAME	
STREET ADDRESS	3201 HIDDEN HOLLOW LANE	STREET ADDRESS	
CITY - ST - ZIP	DAVIE, FL 33328	CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALANDIS, ROBERT	NAME	
STREET ADDRESS	3111 HIDDEN HOLLOW LN	STREET ADDRESS	
CITY - ST - ZIP	DAVIE, FL 33328	CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISSY, LIZ	NAME	
STREET ADDRESS	3121 HIDDEN HOLLOW LN	STREET ADDRESS	
CITY - ST - ZIP	DAVIE, FL 33328	CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NERENHAUSEN, MARTHA	NAME	
STREET ADDRESS	3100 HIDDEN HOLLOW LN.	STREET ADDRESS	
CITY - ST - ZIP	DAVIE, FL 33328	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILCH, MICHELLE	NAME	
STREET ADDRESS	3150 HIDDEN HOLLOW LN.	STREET ADDRESS	
CITY - ST - ZIP	DAVIE, FL 33328	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Marta Nerrenhausen</i>		Date: <i>4/3/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>954-382-2686</i>	

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01082008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0571477 Applied For Not Applicable

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