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Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90035 029 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765544

1. Corporation Name

THE HOLLINSED HOUSE CONDOMINIUM OWNERS ASSOCIATI
ON, INC.

Principal Place of Business

Mailing Address

TION, INC. (THE)
% 611 SOUTHARD STREET, APT. 1
KEY WEST FL 33040

TION, INC. (THE)
% 611 SOUTHARD STREET, APT. 1
KEY WEST FL 33040



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/26/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2242292

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOW FREEMAN
611 SOUTHARD STREET, APT. 1
KEY WEST FL 33040

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME GOLD, MARTIN
STREET ADDRESS 609 SOUTHLAND STREET #8
CITY-ST-ZIP KEY WEST FL 33040

1.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME FREEMAN, DOW
STREET ADDRESS 611 SOUTHLAND STREET #1
CITY-ST-ZIP KEY WEST FL 33040

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SIBLEY, JOHN
STREET ADDRESS 609 SOUTHARD STR, UNIT 6
CITY-ST-ZIP KEY WEST FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

305-294-2689

Date

Daytime Phone #

CR2E037 (1/98)