2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# 765544

Entity Name: THE HOLLINSED HOUSE CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

609-611 SOUTHARD STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

C/O JOEL MCELEARNEY
40 WEST HILLS ROAD
HUNTINGTON STATION, NY 11746

New Mailing Address:

FEI Number: 59-2242292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCELEARNEY, JOEL
609 SOUTHARD STREET
#7
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FITZGERALD, WILLIAM
Address: 611 SOUTHARD STREET #1
City-St-Zip: KEY WEST, FL 33040

Title: S ( ) Delete
Name: HOPKINS, KATHLEEN B
Address: 47 OAK CREST DRIVE
City-St-Zip: HUNTINGTON STATION, NY 11745

Title: T ( ) Delete
Name: MCELEARNEY, JOEL
Address: 40 WEST HILLS ROAD
City-St-Zip: HUNTINGTON STATION, NY 11745

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: HOPKINS, KATHLEEN B
Address: 47 OAK CREST DRIVE
City-St-Zip: HUNTINGTON STATION, NY 11746

Title: T (X) Change ( ) Addition
Name: MCELEARNEY, JOEL
Address: 40 WEST HILLS ROAD
City-St-Zip: HUNTINGTON STATION, NY 11746

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL MCELEARNEY TRES 01/05/2007

Electronic Signature of Signing Officer or Director — Date