

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005769

FILED
Apr 19, 2006
Secretary of State

Entity Name: THE HOLLOWES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5870 OAK HOLLOW LANE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

5870 OAK HOLLOW LANE
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-3678443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSEN, BOB D
5870 OAK HOLLOW LANE
OVIEDO, FL 32765 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: SD () Delete
Name: ROSEN, BOB D
Address: 5870 OAK HOLLOW LANE
City-St-Zip: OVIEDO, FL 32765

Title: PD () Delete
Name: KIM, SONJA
Address: 5205 HOME TOWN CT.
City-St-Zip: OVIEDO, FL 32765

Title: TD () Delete
Name: SULLIVAN, SELBY
Address: 5225 HOME TOWN CT.
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BOB D ROSEN

SD

04/19/2006

Electronic Signature of Signing Officer or Director

Date