2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N00000005769

Entity Name: THE HOLLOWS 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 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 ROSEN SD 04/16/2009

Electronic Signature of Signing Officer or Director — Date