

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90037 020 \*\*\*\*61.25

<b>DOCUMENT # N00000008376</b> 1. Entity Name <b>MULBERRY HOLLOW HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3912 N DEAN RD ORLANDO, FL 32817</b>			Mailing Address <b>PO BOX 677132 ORLANDO, FL 32867</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3735371</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BETANCOURT, VICENTE 9909 HOLLOW POINTE WAY ORLANDO, FL 32817</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	BMD	<input checked="" type="checkbox"/> Delete	TITLE	BMD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, HUBERT		NAME	Hieu Quang Truong	
STREET ADDRESS	3932 HOLLOW CROSSING DRIVE		STREET ADDRESS	3918 Hollow Crossing Dr.	
CITY-ST-ZIP	ORLANDO, FL 328175208		CITY-ST-ZIP	Orlando, FL 32817	
TITLE	BMD	<input checked="" type="checkbox"/> Delete	TITLE	BMD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRACIA, WILMER		NAME	Suryanayana Challaipalli	
STREET ADDRESS	3803 HOLLOW CROSSING DRIVE		STREET ADDRESS	3912 Hollow Crossing Dr.	
CITY-ST-ZIP	ORLANDO, FL 328171858		CITY-ST-ZIP	Orlando, FL 32817	
TITLE	BMD	<input checked="" type="checkbox"/> Delete	TITLE	BMD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, TINA		NAME	Jon W. Bartley	
STREET ADDRESS	4018 HOLLOW CROSSING DRIVE		STREET ADDRESS	3912 Hollow Crossing Dr.	
CITY-ST-ZIP	ORLANDO, FL 328175210		CITY-ST-ZIP	Orlando, FL 32817	
TITLE	PBMD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETANCOURT, VICENTE		NAME		
STREET ADDRESS	9909 HOLLOW POINTE WAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32817		CITY-ST-ZIP		
TITLE	BMD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONGE, HECTOR		NAME		
STREET ADDRESS	9908 HOLLOW POINTE WAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32817		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.					
<b>SIGNATURE:</b>			<b>1-8-06</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

*President*



ATTACHMENT

66002642

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2006

MULBERRY HOLLOW HOMEOWNERS ASSOCIATION, INC.  
PO BOX 677132  
ORLANDO, FL 32867

Subject: MULBERRY HOLLOW HOMEOWNERS ASSOCIATION, INC.

Reference Number: N00000008376

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM  
ANNUAL REPORTS SECTION