

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008376

FILED  
Apr 17, 2010  
Secretary of State

**Entity Name:** MULBERRY HOLLOW HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3912 N DEAN RD  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 677132  
ORLANDO, FL 32867

**New Mailing Address:**

**FEI Number:** 59-3735371

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARLSON, DOUGLAS G  
3834 HOLLOW CROSSING DR  
ORLANDO, FL 32817 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: BMD  
Name: GRACIA, WILMER  
Address: 3803 HOLLOW CROSSING DR  
City-St-Zip: ORLANDO, FL 32817

Title: BMD  
Name: LAYCO, ANTONIO V  
Address: 4034 HOLLOW CROSSING DR  
City-St-Zip: ORLANDO, FL 32817

Title: BMD  
Name: CARLSON, DOUGLAS G  
Address: 3834 HOLLOW CROSSING DR  
City-St-Zip: ORLANDO, FL 32817

Title: PBMD  
Name: BETANCOURT, VICENTE  
Address: 9909 HOLLOW POINTE WAY  
City-St-Zip: ORLANDO, FL 32817

Title: BMD  
Name: GUILLETTE, AMIE N  
Address: 4030 HOLLOW CROSSING DR  
City-St-Zip: ORLANDO, FL 32817

I hereby 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 all other like empowered.

SIGNATURE: DOUG CARLSON

PRES

04/17/2010

Electronic Signature of Signing Officer or Director

Date