

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002213

FILED
Jun 04, 2009
Secretary of State

Entity Name: HOLOPAW HOMEOWNERS, INC.

Current Principal Place of Business:

8801 BELIANT RD
SAINT CLOUD, FL 34773

New Principal Place of Business:

8801 RELIANT RD
SAINT CLOUD, FL 34773

Current Mailing Address:

8801 BELIANT RD
SAINT CLOUD, FL 34773

New Mailing Address:

8801 RELIANT RD
SAINT CLOUD, FL 34773

FEI Number: 65-1163934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, LAURETTA L
5450 EIGHT MILE RANCH RD
SAINT CLOUD, FL 347739104 US

Name and Address of New Registered Agent:

H.H.I.
8801 RELIANT RD
SAINT CLOUD, FL 347739104 US

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: JUDITH E, CHASON

06/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PR () Delete
Name: HENNECY, BYRON
Address: 850 HENNECY LANE
City-St-Zip: SAINT CLOUD, FL 34773

Title: V.P. () Delete
Name: SMITH, LAURETTA L
Address: 5450 8TH MILE RANCH RD
City-St-Zip: SAINT CLOUD, FL 347739104

Title: S. () Delete
Name: KELLEY, LADYNE
Address: 9024 ATLAS DR
City-St-Zip: SAINT CLOUD, FL 34773

Title: T. () Delete
Name: HEUTER, KEN
Address: 9030 MERCURY DR
City-St-Zip: SAINT CLOUD, FL 34773

Title: D. () Delete
Name: JOHNSON, RAMONA
Address: 5015 NOVA AV.
City-St-Zip: ST CLOUD,, FL 34773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change () Addition
Name: HEUTER, KEN
Address: 9030 MERCURY DR
City-St-Zip: SAINT CLOUD, FL 34773

Title: V.P. (X) Change () Addition
Name: CROSBY, JEFF
Address: 4870 SATELLITE AV
City-St-Zip: SAINT CLOUD, FL 347739104

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

Title: T. (X) Change () Addition
Name: CHASON, JUDITH E
Address: 9100 CONCORD RD
City-St-Zip: SAINT CLOUD, FL 34773

Title: D. (X) Change () Addition
Name: SULLIVAN, TERESA
Address: 5025 TOPEKA AV
City-St-Zip: ST CLOUD,, FL 34773

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: JUDITH E CHASON

T

06/04/2009

Electronic Signature of Signing Officer or Director

Date