

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90029 005 ***150.00

DOCUMENT # N02000003706					
1. Entity Name HOLLOWAY CREEK ACRES HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 802 S. ALEXANDER ST PLANT CITY, FL 33566			Mailing Address 802 S. ALEXANDER ST PLANT CITY, FL 33566		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 30-0150716	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SMITH, JULIE 4510 HOLLOWAY CREEK DR PLANT CITY, FL 33567					
7. Name and Address of New Registered Agent Name: Julie A. Smith Street Address (P.O. Box Number is Not Acceptable): 4510 Holloway Creek Dr City: Plant City FL Zip Code: 33567					
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME BAILEY, LARRY S STREET ADDRESS 802 S. ALEXANDER ST CITY - ST - ZIP PLANT CITY, FL 33566	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME STEPHENS, MELISSA STREET ADDRESS 4505 HOLLOWAY CREEK DR CITY - ST - ZIP PLANT CITY, FL 33567	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SMITH, JULIE STREET ADDRESS 4510 HOLLOWAY CREEK DR CITY - ST - ZIP PLANT CITY, FL 33567	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE: <u>Julie A. Smith (Julie A. Smith)</u> <u>3/5/06</u> <u>813-650-9197</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					