

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000003706

1. Entity Name  
HOLLOWAY CREEK ACRES HOMEOWNER'S  
ASSOCIATION, INC.



**FILED**  
**Sep 03, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
802 S. ALEXANDER ST  
PLANT CITY, FL 33566

Mailing Address  
4510 HOLLOWAY CRK DR  
PLANT CITY, FL 33567



07232008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 30-0150716	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SMITH, JOSHUA E  
4510 HOLLOWAY CRK DR  
PLANT CITY, FL 33567

**DO NOT WRITE  
IN THIS SPACE**

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: *[Signature]* JOSHUA E. Smith - President  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

8/18/08  
DATE

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

UN00000958931  
09/03/08-80009-018 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, JOSHUA E 4510 HOLLOWAY CREEK DR PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KAPLAN, BETTY 4509 HOLLOWAY CREEK DR PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SIGL, ROBERT HOLLOWAY CREEK DR PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *[Signature]* JOSHUA E Smith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
- President

8/18/08 813-650-9197  
Date Daytime Phone #