

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003706

FILED  
Apr 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

802 S. ALEXANDER ST  
PLANT CITY, FL 33566

**New Principal Place of Business:**

**Current Mailing Address:**

4510 HOLLOWAY CRK DR  
PLANT CITY, FL 33567

**New Mailing Address:**

4514 HOLLOWAY CRK DR  
PLANT CITY, FL 33567

**FEI Number:** 30-0150716

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

SIGL, BETTYANN M  
4514 HOLLOWAY CRK DR  
PLANT CITY, FL 33567 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: BETTYANN M. SIGL

04/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMITH, JOSHUA E  
Address: 4510 HOLLOWAY CREEK DR  
City-St-Zip: PLANT CITY, FL 33567

Title: V ( ) Delete  
Name: KAPLAN, BETTY  
Address: 4509 HOLLOWAY CREEK DR  
City-St-Zip: PLANT CITY, FL 33567

Title: ST ( ) Delete  
Name: SIGL, ROBERT  
Address: HOLLOWAY CREEK DR  
City-St-Zip: PLANT CITY, FL 33567

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SIGL, BETTYANN M  
Address: 4514 HOLLOWAY CREEK DR  
City-St-Zip: PLANT CITY, FL 33567

Title: V (X) Change ( ) Addition  
Name: NUNEZ, MARIA  
Address: 4518 HOLLOWAY CREEK DR  
City-St-Zip: PLANT CITY, FL 33567

Title: ST (X) Change ( ) Addition  
Name: SIGL, ROBERT  
Address: 4514 HOLLOWAY CREEK DR  
City-St-Zip: PLANT CITY, FL 33567

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: BETTYANN M. SIGL

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date