

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90086 018 ****61.25

DOCUMENT # N02000009837

1. Entity Name
HOLLOWAY ESTATES ADDITION HOMEOWNER'S
ASSOCIATION, INC.



Principal Place of Business
4412 HOLLOWAY MEADOW LN.
PLANT CITY, FL 33567

Mailing Address
POST OFFICE BOX 2034
VALRICO, FL 33595

DO NOT WRITE IN THIS SPACE

03192007 No Chg-NP CR2E037 (4/06)

4. FEI Number
42-1599689

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

OOSTING, NORMA
4412 HOLLOWAY MEADOW LN.
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BACON, JAMES
STREET ADDRESS 4409 HOLLOWAY MEADOW LN.
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE VPD
NAME PEREZ, SERGIO
STREET ADDRESS 4402 HOLLOWAY MEADOW LN
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE STD
NAME OOSTING, NORMA
STREET ADDRESS 4412 HOLLOWAY MEADOW LN
CITY-ST-ZIP PLANT CITY, FL 33567

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CITY-ST-ZIP

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/30/07 813 7371774

Daytime Phone #