

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009837

FILED
Apr 13, 2009
Secretary of State

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

Current Principal Place of Business:

4412 HOLLOWAY MEADOW LN.
PLANT CITY, FL 33567

New Principal Place of Business:

4412 HOLLOWAY MEADOW LN.
PLANT CITY, FL 33567 US

Current Mailing Address:

POST OFFICE BOX 2034
VALRICO, FL 33595

New Mailing Address:

POST OFFICE BOX 2034
VALRICO, FL 33595 US

FEI Number: 42-1599689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OOSTING, NORMA
4412 HOLLOWAY MEADOW LN.
PLANT CITY, FL 33567 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BACON, JAMES
Address: 4409 HOLLOWAY MEADOW LN.
City-St-Zip: PLANT CITY, FL 33567

Title: VPD () Delete
Name: PEREZ, SERGIO
Address: 4402 HOLLOWAY MEADOW LN
City-St-Zip: PLANT CITY, FL 33567

Title: STD () Delete
Name: OOSTING, NORMA
Address: 4412 HOLLOWAY MEADOW LN
City-St-Zip: PLANT CITY, FL 33567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BACON, JAMES
Address: 4409 HOLLOWAY MEADOW LN.
City-St-Zip: PLANT CITY, FL 33567 US

Title: VPD (X) Change () Addition
Name: PEREZ, SERGIO
Address: 4402 HOLLOWAY MEADOW LN
City-St-Zip: PLANT CITY, FL 33567 US

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

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: NORMA OOSTING

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date