

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90026 004 \*\*\*\*61.25

<b>DOCUMENT # N06000000104</b> 1. Entity Name <b>HOLLENBECK TOWNHOMES OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1830 HOLLENBECK ST ORLANDO FL 32806</b>			Mailing Address <b>1830 HOLLENBECK ST ORLANDO FL 32806</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>JODI, FLECK 1830 HOLLENBECK ST ORLANDO FL 32806</b>				7. Name and Address of New Registered Agent Name <b>FLACK, JUDITH E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1830 HOLLENBECK DR.</b> City <b>ORLANDO</b> FL <b>32806</b>	
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 <u><i>Judith E. Flack</i></u> <b>JUDITH E. FLACK TRES.</b> <b>4/3/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR WILLIAMS, DOUGLAS A 5241 WATER VISTA DR ORLANDO FL 32821	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEHMANN, JEFF 1830 HOLLENBECK DR ORLANDO FL 32806	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES FLECK, JODI 1830 HOLLENBECK ST ORLANDO FL 32806	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES FLACK, JUDITH E 1830 HOLLENBECK DR. ORLANDO, FL 32806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES FLACK, JUDITH E 1830 HOLLENBECK DR. ORLANDO, FL 32806	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES FLACK, JUDITH E 1830 HOLLENBECK DR. ORLANDO, FL 32806	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES FLACK, JUDITH E 1830 HOLLENBECK DR. ORLANDO, FL 32806	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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><i>Judith E. Flack</i></u> <b>4/3/08 JUDITH E. FLACK TRES.</b> <b>407-492-2656</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

