**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09133 (2)

1. Corporation Name

HOLLOWBROOK HOMEOWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 1228 BRIDLEBROOK DR<br>CASSELBERRY FL 32707<br>US | P O BOX 476<br>CASSELBERRY FL 32718-476<br>US |

3. Date Incorporated or Qualified: 05/07/1985
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2563249 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 P O Box 180476 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| HUFF, SANDRA M<br>12287 BRIDLEBROOK DR<br>CASSELBERRY FL 32707 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable): 1228 Bridlebrook Dr<br>83<br>84 City: FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DVP | 11 TITLE | DP | ☒ Change ☐ Addition |
| NAME | RICO, JACKLYNNE | 12 NAME | Jacobs, Bruce | |
| STREET ADDRESS | 3740 OKEECHOBEE CIRCLE | 13 STREET ADDRESS | 3704 Okeechobee Cir | |
| CITY-ST-ZIP | CASSELBERRY FL | 14 CITY-ST-ZIP | Casselberry, FL 32707 | |
| TITLE | D | 21 TITLE | DVP | ☒ Change ☐ Addition |
| NAME | BAMBUS, ROBERT | 22 NAME | Clark, Tim | |
| STREET ADDRESS | 650 ARBUCKLEY COURT | 23 STREET ADDRESS | 3758 Okeechobee Cir | |
| CITY-ST-ZIP | WINTER SPRINGS FL | 24 CITY-ST-ZIP | Casselberry, FL 32707 | |
| TITLE | TS | 31 TITLE | DTS | ☒ Change ☐ Addition |
| NAME | LOBERG, TIM | 32 NAME | Seger, Ted | |
| STREET ADDRESS | 896 REEDY COVE | 33 STREET ADDRESS | 3852 Biscayne Dr | |
| CITY-ST-ZIP | CASSELBERRY FL | 34 CITY-ST-ZIP | Winter Springs, FL 32708 | |
| TITLE | D | 41 TITLE | D | ☒ Change ☐ Addition |
| NAME | BOND, JOHN | 42 NAME | Bracero, Orlando | |
| STREET ADDRESS | 3840 BISCAYNE DR | 43 STREET ADDRESS | 3602 Okeechobee cir | |
| CITY-ST-ZIP | WINTER SPRINGS FL | 44 CITY-ST-ZIP | Casselberry, FL 32707 | |
| TITLE | PD | 51 TITLE | | ☒ Change ☐ Addition |
| NAME | PELTZ, W. A | 52 NAME | | |
| STREET ADDRESS | 4003 BISCAYNE DRIVE | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER SPRINGS FL | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an asterisk.

**SIGNATURE:** Sandra B. Huff 4/28/95 407 851-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031087