

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N09133 (2)

1. Corporation Name

HOLLOWBROOK HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1228 BRIDLEBROOK DR
CASSELBERRY FL 32707
US

P.O. BOX 180476
CASSELBERRY FL 32718-476
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/07/1985

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2563249

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

HUFF, SANDRA M
12287 BRIDLEBROOK DR
CASSELBERRY FL 32707

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1228 Bridlebrook Dr

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Sandra M. Huff SANDRA M. Huff

3/7/96

12. OFFICERS AND DIRECTORS

TITLE DVP ☒ DELETE
NAME JACOBS, BRUCE
STREET ADDRESS 3704 OKEECHOBEE CIR
CITY-ST-ZIP CASSELBERRY FL

TITLE DVP ☒ DELETE
NAME CLARK, TIM
STREET ADDRESS 3758 OKEECHOBEE CIR
CITY-ST-ZIP CASSELBERRY FL

TITLE DTS ☐ DELETE
NAME SEGER, TED
STREET ADDRESS 3852 BISCAYNE DR.
CITY-ST-ZIP WINTER SPRINGS FL

TITLE D ☒ DELETE
NAME BRACERO, ORLANDO
STREET ADDRESS 3602 OKEECHOBEE CIR.
CITY-ST-ZIP CASSELBERRY FL

TITLE PD ☒ DELETE
NAME PELTZ, W. A
STREET ADDRESS 4003 BISCAYNE DRIVE
CITY-ST-ZIP WINTER SPRINGS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP D ☐ Change ☒ Addition
1.2 NAME White, Al
1.3 STREET ADDRESS 3901 Biscayne Dr
1.4 CITY-ST-ZIP Winter Springs, FL 32708

2.1 TITLE VP D ☐ Change ☒ Addition
2.2 NAME Petrie, Alan
2.3 STREET ADDRESS 794 Bates Court
2.4 CITY-ST-ZIP Casselberry, FL 32707

3.1 TITLE P D ☒ Change ☐ Addition
3.2 NAME Seger, Ted
3.3 STREET ADDRESS 3952 Biscayne Dr.
3.4 CITY-ST-ZIP Winter Springs, FL 32708

4.1 TITLE T/S/D ☐ Change ☒ Addition
4.2 NAME Laney, Renee
4.3 STREET ADDRESS 3491 S.St. Lucie Dr
4.4 CITY-ST-ZIP Casselberry, FL 32707

5.1 TITLE VP D ☐ Change ☒ Addition
5.2 NAME Meurer, Harry
5.3 STREET ADDRESS 3798 Biscayne Drive
5.4 CITY-ST-ZIP Winter Springs, FL 32708

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 address.

SIGNATURE:

Renee Laney RENE LANEY

3/14/96

407695-0067

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