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May 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 P.O. BOX 180476
CASSELBERRY FL 32707 CASSELBERRY FL 32718-0476
US US

3. Date Incorporated or Qualified 05/07/1985 3a. Date of Last Report 03/20/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2563249		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HUFF, SANDRA M
1228 BRIDLEBROOK DR
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, AL	
STREET ADDRESS	3901 BISCAYNE DR	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PETRIE, ALAN	
STREET ADDRESS	794 BATES CT	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	SEGER, TED	
STREET ADDRESS	3852 BISCAYNE DR.	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	LANEY, RENEE	
STREET ADDRESS	3491 S ST LUCIE DR	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MEURER, HARRY	
STREET ADDRESS	3798 BISCAYNE DR	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PUCCIO, ROBERT	
1.3 STREET ADDRESS	3643 BISCAYNE DRIVE	
1.4 CITY-ST-ZIP	WINTER SPRINGS, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRACERO, ORLANDO	
2.3 STREET ADDRESS	3602 OKEECHOBEE CIRCLE	
2.4 CITY-ST-ZIP	CASSELBERRY, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	SEGER, TED	
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LANEY, RENEE	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LYNCH, JOHN	
5.3 STREET ADDRESS	3804 BISCAYNE DRIVE	
5.4 CITY-ST-ZIP	WINTER SPRINGS, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 address.

SIGNATURE:

SIGNATURE (NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone # 0013310

CR2E037 (9/96)