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Feb 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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 950455
CASSELBERRY FL 32707 LAKE MARY FL 32705-0455
US

2. Principal Place of Business 2a. Mailing Address
21 165 W. SR 434 26 P. O. Box 950455
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Winter Springs, FL 28 Lake Mary, FL
Zip Country Zip Country
24 32708 25 USA 29 32795-0455 30 USA

3. Date Incorporated or Qualified
05/07/1985
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
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
ENERGY PROPERTY MANAGEMENT SERVICES, INC.
165 WEST STATE ROAD 434
WINTER SPRINGS FL 32708
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PUCCIO, ROBERT 3843 BISCAYNE DRIVE WINTER SPRINGS FL	1.1 TITLE	D/S/D Clifford, Stacy 3486 Buffam Place Casselberry, FL 32707
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D BRACERO, ORLANDO 3602 OKEECHOBEE CIR. CASSELBERRY FL	2.1 TITLE	D Kaplan, Robert 722 Rosalie Way Winter Springs, FL 32708
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD SEGER, TED 3852 BISCAYNE DR. WINTER SPRINGS FL	3.1 TITLE	P/D Riddle, John 3317 So. St. Lucie Drive Casselberry, FL 32707
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D LANEY, RENEE 3491 S ST LUCIE DR CASSELBERRY FL	4.1 TITLE	D Silverberg, DJ 3775 Biscayne Drive Winter Springs, FL 32708
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD LYNCH, JOHN 3804 BISCAYNE DRIVE WINTER SPRINGS FL	5.1 TITLE	D Fleming, David 3419 So. St. Lucie Drive Casselberry, FL 32707
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D Fleming, Michael 3316 So. St. Lucie Drive Casselberry, FL 32707
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: Y23/98 4M3225824

CR2E037 (10/97)