NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N09133

1. Corporation Name

HOLLOWBROOK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business						
165 W. SR 434						
WINTER SPRINGS FL 32708						
US						

2. Principal Place of Business

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Mailing Address

P.O. BOX 950455 LAKE MARY FL 32795-0455

2a. Mailing Address

US

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FILED Mar 06, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed 05/07/1985

Suite, Apt.	Apt. #, etc.				59-2563249	Applied For	
22	27		3		09-2000249	Not Applicable	
City & State	State City & State				5. Certificate of Status Desired ·	\$8.75 Additional Fee Required	
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00 May Be	
24	25	29 30			Trust Fund Contribution	Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
or Name and Address of Californ (10g) of Californ				Name	EDW G		
ENERGY PROPERTY MANAGEMENT SERVICES, INC.					EPM Services, Inc.		
			82	Street A	Address (P.O. Box Number is Not Acceptable) 165 W SR 434		
165 WEST STATE ROAD 434			83		100 W 3K 404		
WINTER SPRINGS FL 32708							
				City	Winter Springs, FL		
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, Vipod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ONTE: Registered Agent signature required when reinstating)							
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	DSD	₩ DELETE	1.1 TITLE		Director	☐ Change ☑ Addition	
NAME	CLIFFORD, STACY		1.2 NAME	ļ	Connelly, Sue		
STREET ADDRESS	3486 BUFFAM PLACE		1.3 STREET	ADDRESS	612 Sumter Court		
CITY-ST-ZIP	CASSELBERRY FL 32707		1.4 CITY-ST	r-ZIP	Winter Springs, FL 3270	8	
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME	KAPLAN, ROBERT		2.2 NAME		,•		
STREET ADORESS	722 ROSALIE WAY		2.3 STREET	ADDRESS	er er en sag en sammerten er		
CITY-ST-ZIP	WINTER SPRINGS FL 32708		2. 4 CITY-S	T-ZIP	1	<u></u>	
TITLE	PD	XXX DELETE	3.1 TITLE		Director	☐ Change	
NAME	RIDDLE, JOHN		3.2 NAME	1	Laney, Renee		
STREET ADDRESS	3317 S ST LUCIE DRIVE		3.3 STREET	ADDRESS	3491 So. St. Lucie Drive		
CITY-ST-ZIP	CASSELBERRY FL 32707		3.4. CITY-\$	T-ZIP	Casselberry, FL 32707		
TITLE	D	☐ DELETE	4.1 TITLE		Sec/Treas/Dir	<u>⊊</u> Change ☐ Addition	
NAME	SILVERBERG, DJ		4. 2 NAME				
STREET ADDRESS	3775 BISCAYNE DRIVE		4.3 STREET	ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708		4.4 CITY- ST	г-ZIР		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE	D	☐ DELETE	5.1 TITLE		Dir/Pres	Eschange ☐ Addition	
NAME	FLEMING, DAVID		5.2 NAME		-		
STREET ADDRESS	3419 S ST LUCIE DR		5.3 STREET	ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL 32707		5.4 CITY- S	T-ZIP			
TITLE	D	₹ MDELETE	6.1 TITLE		Dir/Vice Pres	☐ Change ☐ Addition	
NAME	FLEMING, MICHAEL		6.2 NAME		Seger, Ted		
STREET ADDRESS	3316 S ST LUCIE DR		6.3 STREET	ADDRESS	3852 Biscayne Drive		
CITY-ST-ZIP	CASSLBERRY FL 32707		6.4 CITY-S	T-ZIP	Winter Springs, FL 327	08	

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, with all other like empowered.

SIGNATURE: