

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90089 039 *****61.25

DOCUMENT # N09133

1. Entity Name

HOLLOWBROOK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

165 W. SR 434
WINTER SPRINGS FL 32708
US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. BOX 915322

Longwood, FL

32791-5322 Seminole



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2563249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EPM SERVICES, INC.
165 WEST STATE ROAD 434
WINTER SPRINGS FL 32708

Name: National Association Management Company
Street Address (P.O. Box Number is Not Acceptable): 165 W. S.R. 434

City: Winter Springs FL Zip Code: 32708

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

[Signature]

Marc A. Blum, President

1/23/2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BYTHROW, ELLEN	
STREET ADDRESS	3841 BISCAYNE DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SEGER, TED	
STREET ADDRESS	3852 BISCAYNE DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MARK, CLIFFORD	
STREET ADDRESS	3486 BULLAMI PLACE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SILVERBERG, DJ	
STREET ADDRESS	3775 BISCAYNE DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLEMING, DAVID	
STREET ADDRESS	3419 S ST LUCIE DR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRAUDS, ALDIS	
STREET ADDRESS	4080 BISCAYNE COURT	
CITY-ST-ZIP	CASSELBERRY FL 32707	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janet Decker	
STREET ADDRESS	3569 So. St. Lucie Dr.	
CITY-ST-ZIP	Casselberry FL 32707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aldis Grauds

Vice President

Date

Daytime Phone #

11-22-02 407-327-5824

CR2E037 (9/01)