

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90008 018 ****61.25

DOCUMENT # N09133

1. Entity Name

HOLLOWBROOK HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

165 W. SR 434
WINTER SPRINGS FL 32708
US

Mailing Address

P.O. BOX 915322
LONGWOOD FL 32791-5322
US

J4U1U100



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

NATIONAL ASSOCIATION MANAGEMENT CO.
165 W SR 434
WINTER SPRINGS FL 32708

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	BYTHROW, ELLEN	
STREET ADDRESS	3841 BISCAYNE DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SEGER, TED	
STREET ADDRESS	3852 BISCAYNE DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	L'AMESH, AL	
STREET ADDRESS	3787 BISCAYNE DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SILVERBERG, DJ	
STREET ADDRESS	3775 BISCAYNE DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, LISA	
STREET ADDRESS	3244 S. ST. LUCIE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doyle, Tom	
STREET ADDRESS	3740 Okeechobee Circle	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Van Ore, Larry	
STREET ADDRESS	3835 Biscayne Drive	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lemesh, Al	
STREET ADDRESS	3787 Biscayne Drive	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Figueroa, Rosa	
STREET ADDRESS	3479 S. St. Lucie Drive	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE		<input type="checkbox"/> Change <input 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Doyle

2-17-04

(407) (99-6561)

Date

Daytime Phone #