


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90047 004 ****61.25

DOCUMENT # N09133 1. Entity Name HOLLOWBROOK HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2884 S. OSCEOLA AVENUE ORLANDO, FL 32806 US			Mailing Address 2884 S. OSCEOLA AVENUE ORLANDO, FL 32806 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FERNINADSEN ENTERPRISES, INC. 2884 S. OSCEOLA AVENUE ORLANDO, FL 32806				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DOYLE, TOM		NAME	D.F. Silvenberg	
STREET ADDRESS	3740 OKEECHOBEE CIRCLE		STREET ADDRESS	3775 Biscayne Dr.	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN ORE, LARRY		NAME		
STREET ADDRESS	3835 BICAYNE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUNDT, BEV		NAME	BEV MUNDT	
STREET ADDRESS	3841 BISCAYNE DRIVE		STREET ADDRESS	3841 Biscayne Dr	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FIGUEROA, ROSA		NAME	ROBERT MANIERI	
STREET ADDRESS	3479 S. ST. LUCIE DRIVE		STREET ADDRESS	3751 Biscayne Dr.	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, LISA		NAME	LISA RODRIGUEZ-DAVIS	
STREET ADDRESS	3244 S. ST. LUCIE		STREET ADDRESS	3244 S. St. Lucie Dr	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP	Casselberry, FL 32707	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Bev Mundt</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-15-08 321-689-7849 <small>Date Daytime Phone #</small>		