

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09133

FILED
Apr 14, 2009
Secretary of State

Entity Name: HOLLOWBROOK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2884 S. OSCEOLA AVENUE
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

2884 S. OSCEOLA AVENUE
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 59-2563249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNINADSEN ENTERPRISES, INC.
2884 S. OSCEOLA AVENUE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIVERBERG, D.F.
Address: 3775 BISCAYNE DR.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VD () Delete
Name: VAN ORE, LARRY
Address: 3835 BISCAYNE DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: P () Delete
Name: MUNDT, BEV
Address: 3841 BISCAYNE DR.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: MANEIRI, ROBERT
Address: 3751 BISCAYNE DR.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S () Delete
Name: RODRIGUEZ-DAVIS, LISA
Address: 3244 ST LUCIE DR.
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: SIVERBERG, D.J.
Address: 3775 BISCAYNE DR.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VD (X) Change () Addition
Name: VAN-ORE, LARRY
Address: 3835 BISCAYNE DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DOYLE, TOM
Address: 3740 OKEECHOBEE CIR
City-St-Zip: CASSELBERRY, FL 32707

Title: S (X) Change () Addition
Name: RODRIGUEZ-DAVIS, LISA
Address: 3244 S ST LUCIE DR.
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEV MUNDT

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date