

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90185 026 \*\*\*\*61.25

DOCUMENT # *NO9133*

1. Entity Name  
*Hollowbrook Homeowners Assoc. Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*165 W SR 434*

3. Mailing Address  
*P O Box 915322*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*WINTER SPRINGS FL*

City & State  
*LONGWOOD FL*

4. FEI Number  
*59-2563249*

Applied For  
Not Applicable

Zip  
*32708*

Country  
*USA*

Zip  
*32791-5322*

Country  
*USA*

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *National Association Management Co.*

Street Address (P.O. Box Number is Not Acceptable)  
*165 W SR 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* *MARC A. Blum President* *1/30/2003*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25  
Initial or Amended UBR**

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 NAME STREET ADDRESS CITY - ST - ZIP	<i>DIST Bythrow, Ellen 3841 Biscayne Dr. Winter Springs FL 32708</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>D Davis, Lisa 3244 S. St. Lucie Casselberry, FL 32707</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>D Lomesh, Al 3787 Biscayne Dr. Winter Springs FL 32707</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>D/P Seger, Ted 3852 Biscayne Dr. Winter Springs FL 32708</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>D/V Silverberg, D.J. 3775 Biscayne Dr Winter Springs FL 32707</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *Dan J. Silverberg* *2/25/03* *207-327-5824*

CR2E037B (12/02)