

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13127

FILED
Feb 16, 2009
Secretary of State

Entity Name: RABBIT HOLLOWE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2235 RABBIT HOLLOWE CIR
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

4801 LINTON BLVD
#504
DELRAY BEACH, FL 33445

New Mailing Address:

P.O. BOX 8645
DELRAY BEACH, FL 33482

FEI Number: 59-2743573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRESSLER, JOSHUA R
2235 RABBIT HOLLOWE CIR.
DELRAY BEACH, FL 33445 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: PD () Delete
Name: BRESSLER, JOSHUA R
Address: 2235 RABBIT HOLLOWE CIR.
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: VD () Delete
Name: APTAKER, ED
Address: 2340 RABBIT HOLLOWE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: TD () Delete
Name: WINEINGER, JEFF
Address: 2160 RABBIT HOLLOWE CIR.
City-St-Zip: DELRAY BEACH, FL 33445

Title: SD () Delete
Name: NOELL, DEBORAH
Address: 2410 RABBIT HOLLOWE CIR.
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JEFF WINEINGER

TD

02/16/2009

Electronic Signature of Signing Officer or Director

Date