

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40899** (9)
1. Corporation Name
HOLLOWAY PLACE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
308 ALEATHA DRIVE DAYTONA BEACH FL 32114 US	308 ALEATHA DRIVE DAYTONA BEACH FL 32114 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/16/1990		3a. Date of Last Report 02/26/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3111987		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LIBRIZZI, MARTIN 308 ALEATHA DRIVE DAYTONA BEACH FL 32114				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	LIBRIZZI, MARTIN			1.2 NAME			
STREET ADDRESS	308 ALEATHA DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			1.4 CITY-ST-ZIP			
TITLE	S	☒ DELETE		2.1 TITLE	☒ Change ☐ Addition		
NAME	MONTELLA, ADAM			2.2 NAME	S		
STREET ADDRESS	343 ALEATHA DRIVE			2.3 STREET ADDRESS	CAROLE LEINS		
CITY-ST-ZIP	DAYTONA BEACH FL			2.4 CITY-ST-ZIP	352 ALEATHA DRIVE		
TITLE	T	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	WILLIAMS, LES			3.2 NAME			
STREET ADDRESS	328 ALEATHA DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			3.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	SIMMONS, LARRY M.			4.2 NAME			
STREET ADDRESS	384 ALEATHA DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			4.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME	MANNING, LEILA			5.2 NAME			
STREET ADDRESS	309 ALEATHA DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **M. Simmons** REQUIRED

7-23-97

CR2E037 (4/97)