

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 308 ALEATHA DRIVE DAYTONA BEACH FL 32114 US		Mailing Address 308 ALEATHA DRIVE DAYTONA BEACH FL 32114 US		3. Date Incorporated or Qualified 11/16/1990	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-3111987	
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		7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
		30		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 LIBRIZZI, MARTIN 308 ALEATHA DRIVE DAYTONA BEACH FL 32114		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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

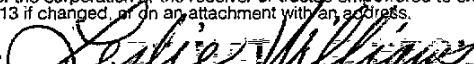
Signature typed or printed name of registered agent and title if applicable.

(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	LEINS, CAROLE	2.2 NAME	
STREET ADDRESS	352 ALEATHA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	
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	D HENDRICKS, BRIAN
STREET ADDRESS	384 ALEATHA DRIVE	4.3 STREET ADDRESS	305 ALEATHA DRIVE
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	D ☒ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	MANNING, LEILA	5.2 NAME	D WHITEHALL, ETHEL
STREET ADDRESS	309 ALEATHA DRIVE	5.3 STREET ADDRESS	104 BRIERCREEK CIRCLE
CITY-ST-ZIP	DAYTONA BEACH FL	5.4 CITY-ST-ZIP	DAYTONA BEACH, FL
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 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:  **LESLIE WILLIAMS** 1/26/98 904-252-3381

CR02037 (10/97)