2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N40899

1. Entity 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

01192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3111987
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIBRIZZI, MARTIN
308 ALEATHA DRIVE
DAYTONA BEACH, FL 32114

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000042803
02/10/04-80040-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LIBRIZZI, MARTIN
STREET ADDRESS	308 ALEATHA DRIVE
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	S
NAME	LEINS, CAROLE
STREET ADDRESS	352 ALEATHA DR
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	T
NAME	WILLIAMS, LES
STREET ADDRESS	328 ALEATHA DRIVE
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	D
NAME	KENDRICKS, BRIAN
STREET ADDRESS	305 ALEATHA DR.
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	D
NAME	WHITEHALL, ETHEL
STREET ADDRESS	104 BRIERCREEK CIR
CITY-ST-ZIP	DAYTONA BEACH, FL
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mart [illegible] 1/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #