

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90104 016 ****61.25

DOCUMENT # N40899

1. Entity 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**

50050485



04052005 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**

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LIBRIZZI, MARTIN GRADY, JARED
STREET ADDRESS	308 ALEATHA DRIVE 216 HOLLOWBROOK CIRCLE
CITY-ST-ZIP	DAYTONA BEACH, FL DAYTONA BEACH, FL 32114
TITLE	S
NAME	LEINS, CAROLE BROOKS, LINDA
STREET ADDRESS	352 ALEATHA DR 305 ALEATHA DR
CITY-ST-ZIP	DAYTONA BEACH, FL DAYTONA BEACH, FL 32114
TITLE	T
NAME	WILLIAMS, LES
STREET ADDRESS	328 ALEATHA DRIVE
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	D
NAME	KENDRICKS, BRIAN ADAM, JEAN
STREET ADDRESS	306 ALEATHA DR 347 ALEATHA DR
CITY-ST-ZIP	DAYTONA BEACH, FL DAYTONA BEACH, FL 32114
TITLE	B
NAME	WHITEHALL, ETHEL
STREET ADDRESS	404 BRIERGREEK CIR
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	V
NAME	POBPISIL, MARY
STREET ADDRESS	310 ALEATHA DRIVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32114

**DO NOT WRITE
IN THIS SPACE**

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: **Jared A. Grady**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/05 704 236-8025
Date Daytime Phone #