

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90417 013 ****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**



2. Principal Place of Business
328 ALEATHA DRIVE
Suite, Apt. #, etc.

3. Mailing Address
328 ALEATHA DRIVE
Suite, Apt. #, etc.

02122006 Chg-NP CR2E037 (11/05)

City & State
DAYTONA BEACH FL
Zip
32114
Country
US

City & State
DAYTONA BEACH FL
Zip
32114
Country
US

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**

7. Name and Address of New Registered Agent

Name **WILLIAMS, LESLIE**
Street Address (P.O. Box Number is Not Acceptable)
328 ALEATHA DRIVE
City **DAYTONA BEACH** FL Zip Code **32114**

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

MARCH 10, 2006
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GRADY, JARED	
STREET ADDRESS	216 HOLLOW BROOK CIRCLE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROOKS, LINDA	
STREET ADDRESS	305 ALEATHA DR	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, LES	
STREET ADDRESS	328 ALEATHA DRIVE	
CITY-ST-ZIP	DAYTONA BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAM, JEAN	
STREET ADDRESS	347 ALEATHA DR	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITEHALL, ETHEL	
STREET ADDRESS	104 BRIERCREEK CIR	
CITY-ST-ZIP	DAYTONA BEACH, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	POSPISIL, MARY	
STREET ADDRESS	310 ALEATHA DR	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRINEMEYER, BILL	
STREET ADDRESS	351 ALEATHA DRIVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *President*
Signature and typed or printed name of signing officer or director

02-14-06
Date Daytime Phone #