

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40899

FILED  
Feb 20, 2009  
Secretary of State

**Entity Name:** HOLLOWAY PLACE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

328 ALEATHA DRIVE  
DAYTONA BEACH, FL 32114 US

**New Principal Place of Business:**

**Current Mailing Address:**

328 ALEATHA DRIVE  
DAYTONA BEACH, FL 32114 US

**New Mailing Address:**

**FEI Number:** 59-3111987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, LESLIE  
328 ALEATHA DRIVE  
DAYTONA BEACH, FL 32114 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LIBRIZZI, MARTIN  
Address: 308 ALEATHA DR  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: S ( ) Delete  
Name: BROOKS, LINDA  
Address: 305 ALEATHA DR  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T ( ) Delete  
Name: WILLIAMS, LES  
Address: 328 ALEATHA DRIVE  
City-St-Zip: DAYTONA BEACH, FL

Title: D ( ) Delete  
Name: ADAM, JEAN  
Address: 347 ALEATHA DR  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D ( ) Delete  
Name: WHITEHALL, ETHEL  
Address: 104 BRIERCREEK CIR  
City-St-Zip: DAYTONA BEACH, FL

Title: V ( ) Delete  
Name: KARAS, STAN  
Address: 325 ALEATHA DR  
City-St-Zip: DAYTONA BEACH, FL 32114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: WYMES, SUZANNE  
Address: 343 ALEATHA DR  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CARSON, DEBRA  
Address: 344 ALEATHA DR  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN LIBRIZZI

PD

02/20/2009

Electronic Signature of Signing Officer or Director

Date