2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2006 8:00 am

DOCUMENT # N9400001599 1. Entity Name PRESTON HOLLOW HOME OWNER'S ASSOCIATION,					Secretary of State 01-20-2006 90033 048 ****61.25				
INC.				TILLE					
Principal Plac P.O. BOX 15 SPRING HILL	338	Mailing Address P.O. BOX 15338 SPRING HILL, FL 34609							
				}					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01162006 CI	ng-NP	CR2E0	37 (11/05)	
City & State		City & State			4. FEI Number 59-323350	6			oplied For ot Applicable
Zip Country		Zip	ip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New	Registered	Agent	
WINDELER, AUGUST			Name						
322 HOLL	OW OAK CT IILL, FL 34609		Street Address		(P.O. Box Number is Not Acceptable)				
SPRINGT	MEE, 1 E 34003								
			City				FI	Zip Cod	9
	named entity submits this statement for	r the purpose of changing its re	gistered office or	r registere	ed agent, or both, in	the State of I	Florida. Larr	familiar with,	and accept
i ile obliga	norts of registered agent.								
SIGNATURE									
	Change on America arises arong also airtean annual	and tele if anninoble (NOTE: E	Sections of Acres of Street	المحتود والم			DATE		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	legistered Agent signatu	ure required	when reinstating)		DATE		
	Signature, typed or printed name of registered agent in the second secon	and tate if applicable. (NOTE: F 9. Election Camp Trust Fund Col	aign Financing		\$5.00 May Be Added to Fees	Fi	Make ched	ck payable t	
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI	9. Election Camp Trust Fund Co	aign Financing		\$5.00 May Be		Make checorida Depa	PIRECTORS IN	tate
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR