


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90049 032 \*\*\*\*61.25

**DOCUMENT # N94000002997**

1. Entity Name  
**THE HOLLOW HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
 2950 N 28 TERRACE  
 HOLLYWOOD, FL 33020 US

Mailing Address  
 2950 N 28 TERRACE  
 HOLLYWOOD, FL 33020 US

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01102006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0571477**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**EISINGER, DENNIS**  
 4000 HOLLYWOOD BLVD STE 265-S  
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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, 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	VPD	<input type="checkbox"/> Delete
NAME	KENO, DEBBIE	
STREET ADDRESS	3201 HIDDEN HOLLOW LANE	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MARIANO, VINCENE	
STREET ADDRESS	3141 HIDDEN HOLLOW LN	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	P	<input type="checkbox"/> Delete
NAME	BALANDIS, ROBERT	
STREET ADDRESS	3111 HIDDEN HOLLOW LN	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRISSY, LIZ	
STREET ADDRESS	3121 HIDDEN HOLLOW LN	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	T	<input type="checkbox"/> Delete
NAME	WAKET, SUE	
STREET ADDRESS	315 HIDDEN HOLLOW LANE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keno, Debbie	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Balandis, Robert	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Crissey, Liz	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Garcia, Alfredo	
STREET ADDRESS	3140 Hidden Hollow Ln	
CITY-ST-ZIP	DAVIE, FL 33328	

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 reports 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:** Robert Balandis **ROBERT BALANDIS** 1-19-06 954-473-0244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #