FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

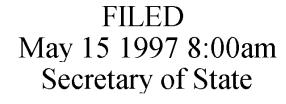
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N51229

(5)



HIAWA	SSEE OAKS	HOMEOWNER	s ass	SOCIATION, INC	•				 				
Principal Place of Business Mailing Address									T TENETHER BOT BINKT LIGHT LIGHT TINKE TANK	ADAR BIJER	BIBIA BABA BABA BA	(8) 4) 4) 4) 1 3 6)	
7300 KATY NOLL CT. 7300 KATY NOLL CT. ORLANDO FL 32818 ORLANDO FL 32818-8723													
i									3. Date Incorporated or Qualified 10/09/1992	За.	Date of Last Ro 04/12/19	eport 96	
2. Principal P	lace of Business		2a. Mailing Address 26					4. FEI Number 59-3226469	L	<u> </u>	oplied For of Applicable		
Suite, Apl.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A Fee Re				
City & State	9		City & Stale					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip 24	Zip Country			Zip C		Country			This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
531		Address of Current		ered Agent	130	Τ-			10. Name and Address of New Re				
		····	<u> 5.</u>			81	Name						
FREEMAN, PINKIE P. 7300 KATY NOLL CT.						82	Street #	Addre:	ss (P.O. Box Number is Not Acceptat	ole)			
ORLANDO FL 32818						63							
						84	City				FL 85 Zip Code		
office or r agent. I a SIGNATURE		or both, in the State d accept the obliga							ration submits this statement for the poly sound of directors. I hereby accellations are the statement of the poly statement of the	ot the a	ppointment as	registered	
12.				ND DIRECTORS					ADDITIONS/CHANGES TO OFFIC	CERS A		S IN 12	
TITLE	D\$			☐ DELETE	1.1]	TITLE					Change	Addition	
NAME	ALLEN, CYN				1.21	NAME	ļ						
STREET ADDRESS	ANI ALIBA PI			•			1.9 STREET ADDRESS						
City-ST-ZIP	ORLANDO F	<u> </u>		T DELETE			ST-ZIP		·		<u> </u>	1	
TITLE	DP COECHAN C	NAME O		☐ DELETE		TITLE	}				☐ Change	Addition	
NAME OTDECT ADDRESS	FREEMAN, P 7300 KATY I				1	VAMÉ Otogr	ì						
STREET ADDRESS CITY-ST-ZIP	ORLANDO F				1		T ADDRESS						
TITLE	D	<u> </u>		DELETE		UITLE	-ST-ZIP				Change	Addition	
NAME	PETERS, CL	YDE		<u> </u>		NAME	j						
STREET ADDRESS		SSEE OAK DR					1 address						
CITY-ST-ZIP	ORLANDO F						ST-ZIP						
TITLE	DVP			DELETE		TITLE					Change	Addition	
NAME	MAYERS, JA	NICE			4.2	NAME	: }						
STREET ADDRESS	7301 KATY I				4.3 5	STAEE	T ADDRESS						
CITY-ST-ZIP	ORLANDO F	L		····	_		ST-ZIP						
TITLE	D	1811		DELETE	1	ITLE	ĺ				☐ Change	Addition Addition	
NAME	RAMOS, ME				1	VAME	ì						
STREET ADDRESS		SSEE OAK DR			5.3 8	STREE	T ADDRESS						
CITY-ST-ZIP	ORLANDO F	<u>L</u>		T here	_		ST-ZIP					7.50	
TITLE	 CDANIPO #5	A I A POP		☐ DELETÉ	- 1	ITLE	1				Change	Addition	
NAME	EBANKS, JE				6.21	AME	1						

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 in the properties of the corporation or on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

ORLANDO FL

Sendi IXVORIO CUITA

5/24/94

407 298-473