

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51229

1. Entity Name

HIAWASSEE OAKS HOMEOWNERS ASSOCIATION, INC.



FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90003 035 ****61.25

Principal Place of Business

Mailing Address

7300 KATY NOLL CT.
 ORLANDO FL 32818

7300 KATY NOLL CT.
 ORLANDO FL 32818

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3226469

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEMAN, PINKIE P.
 7300 KATY NOLL CT.
 ORLANDO FL 32818

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS ☒ Delete
 NAME ALLEN, CYNTHIA
 STREET ADDRESS 7231 HIAWASSEE OAKS DR.
 CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Change ☒ Addition
 NAME NAOMI HARRISON
 STREET ADDRESS 7208 HIAWASSEE OAK DR
 CITY-ST-ZIP ORL FL 32818

TITLE DP ☐ Delete
 NAME FREEMAN, PINKIE P.
 STREET ADDRESS 7300 KATY NOLL CT.
 CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Change ☒ Addition
 NAME CAROLE M HERARD
 STREET ADDRESS 4719 BLOOD HOUND
 CITY-ST-ZIP ORL FL 32818

TITLE D ☐ Delete
 NAME PETERS, CLYDE
 STREET ADDRESS 7151 HIAWASSEE OAK DR
 CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Change ☒ Addition
 NAME LEONARD PILGRIM
 STREET ADDRESS 7417 HIGH LAKE DR
 CITY-ST-ZIP ORL FL 32818

TITLE DVP ☐ Delete
 NAME MAYERS, JANICE
 STREET ADDRESS 7301 KATY NOLL CT.
 CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Change ☒ Addition
 NAME JESSE RUNNER
 STREET ADDRESS 7103 HIAWASSEE OAK DR
 CITY-ST-ZIP ORL FL 32818

TITLE D ☒ Delete
 NAME FALBY, STELLA
 STREET ADDRESS 7396 HIGH LAKE DR
 CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T ☐ Delete
 NAME EBANKS, JENNIE
 STREET ADDRESS 4915 LABRA DOR LN
 CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I 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 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 OF PINKIE P. FREEMAN

8/10/00 407 298-1273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #