

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90696 010 ****61.25

DOCUMENT # N51229

1. Entity Name

HIAWASSEE OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**7300 KATY NOLL CT.
ORLANDO FL 32818**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number

59-3226469

Applied For

Not Applicable

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

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 **D** ☐ Delete
NAME **PILGRIM, LEONARD**
STREET ADDRESS **7417 HIGH LAKE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Change ☒ Addition
NAME **NAAMI HARRISON**
STREET ADDRESS **7208 HIAWASSEE OAK DR**
CITY-ST-ZIP **ORL 32818**

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

TITLE ☐ Change ☒ Addition
NAME **CAROL HE RARD**
STREET ADDRESS **4219 BLOODHOUND ST**
CITY-ST-ZIP **ORL 32818**

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

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

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

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

TITLE **D** ☐ Delete
NAME **RUNNER, JESSE**
STREET ADDRESS **7103 HIAWASSEE OAK 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/02 407 298-1273
Date Daytime Phone #

CR2E037 (9/01)