


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90009 021 \*\*\*\*61.25

<b>DOCUMENT # N51229</b> 1. Entity Name <b>HIAWASSEE OAKS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>7300 KATY NOLL CT. ORLANDO, FL 32818</b>				Mailing Address <b>POB 681152 ORLANDO, FL 32868-1152</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-3226469</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FREEMAN, PINKIE P. 7300 KATY NOLL CT. ORLANDO, FL 32818</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP HALL, DENNIS</b> <input type="checkbox"/> Delete <b>7267 HIAWASSEE OAK DR ORLANDO, FL 32818</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Clarence Bell</b> <b>7301 High Lake Drive</b> <b>Orlando, FL 32818</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>COPEMANN, DENNIS</b> <b>7133 HIAWASSEE BENT CIR</b> <b>ORLANDO, FL 32818</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Director</b> <b>Dennis Copemann</b> <b>7133 Hiawassee Bent Circle</b> <b>Orlando, FL 32818</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>MAY, PAMELA</b> <b>4719 DOBERMAN ST</b> <b>ORLANDO, FL 32818</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Delete <b>COPEMANN, DENNIS</b> <b>7133 HIAWASSEE BENTCIRCLE</b> <b>ORLANDO, FL 32818</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Treasure</b> <b>Carolyn Upson</b> <b>7373 High Lake Drive</b> <b>Orlando, FL 32818</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>FREEMAN, PINKIE</b> <b>7300 KATY NOLL CT.</b> <b>ORLANDO, FL 32818</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Assistant Treasure</b> <b>Pinkie Freeman</b> <b>7300 Katy Noll Ct.</b> <b>Orlando, FL 32818</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>EBANKS, JENNIE</b> <b>4915 LABRADOR LN</b> <b>ORLANDO, FL 32818</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director</b> <b>Janice Mayers</b> <b>7301 Katy Noll Court</b> <b>Orlando, FL 32818</b>	
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.					
<b>SIGNATURE:</b> <i>Carolyn P. Upson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Feb. 19, 2007</b> <small>Date</small>		
			<b>407-7198195(C)</b> <b>407-295-2294(H)</b> <small>Daytime Phone #</small>		