

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51229

Entity Name: HIAWASSEE OAKS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**7300 KATY NOLL CT.
ORLANDO, FL 32818**Current Mailing Address:**POB 681152
ORLANDO, FL 32868-1152**FEI Number: 59-3226469****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FREEMAN, PINKIE P.
7300 KATY NOLL CT.
ORLANDO, FL 32818 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	V. P
Name	EDWARDS, SELENA
Address	4744 BLOODHOUND ST
City-State-Zip:	ORLANDO FL 32818

Title	PRESIDENT
Name	KING, MICHAEL
Address	718 BEAGLE ST.
City-State-Zip:	ORLANDO FL 32818

Title	ASST. TREASURER
Name	HOLT, WILLIAM
Address	7341 HIGH LAKE DR
City-State-Zip:	ORLANDO FL

Title	TREASURER
Name	FREEMAN, PINKIE P
Address	7300 KATY NOLL CT
City-State-Zip:	ORLANDO FL 32818

Title	SECY
Name	MAY, PAMELA
Address	4719 DOBERMAN ST
City-State-Zip:	ORLANDO FL 32818

Title	D
Name	BIRCH, EVA
Address	4737 DOBERMAN ST
City-State-Zip:	ORLANDO FL 32818

Title	ASST. SECRETARY
Name	ALLEN, CYNTHIA
Address	7231 HIAWASSEE OAKS DR
City-State-Zip:	ORLANDO FL 32818

Title	DIRECTOR
Name	GORDON, RUSSELL
Address	7268 HIAWASSEE OAK DR
City-State-Zip:	ORLANDO FL 32818

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PINKIE P. FREEMAN**TREASURER****02/19/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date