

**2013 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 PRES  
Name BYER, ZILLOUS  
Address 7333 HIGH LAKE DR.  
City-State-Zip: ORLANDO FL 32818

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

Title D  
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 V. P  
Name RUSSELL, GORDON  
Address 7268 HIAWASSEE OAK DR  
City-State-Zip: ORLANDO FL 32818

Title D  
Name FRANCIS, VALBERT  
Address 4726 BLOODHOUND  
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

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*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****AGENT & TREASURER****03/29/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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