

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001376

FILED  
Mar 29, 2005  
Secretary of State

**Entity Name:** HIAWASSEE OVERLOOK HOMEOWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 59-3646633

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR.  
SENTRY MANAGEMENT INC.  
2180 W SR 434 STE 5000  
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MOORE, DAVID  
Address: 7031 HIAWASSEE OVERLOOK DR  
City-St-Zip: ORLANDO, FL 32835

Title: VP ( ) Delete  
Name: HOLLAND, ALLEN  
Address: 7134 HIAWASSEE OVERLOOK DR  
City-St-Zip: ORLANDO, FL 32835

Title: T ( ) Delete  
Name: MARGARET, NEAL  
Address: 7026 HIAWASSEE OVERLOOK DR  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MOORE, DAVID  
Address: 7031 HIAWASSEE OVERLOOK DR  
City-St-Zip: ORLANDO, FL 32835

Title: VPD (X) Change ( ) Addition  
Name: SCHMIDT, LISA  
Address: 7032 HIAWASSEE OVERLOOK DR  
City-St-Zip: ORLANDO, FL 32835

Title: STD (X) Change ( ) Addition  
Name: SIMPSON, GARY  
Address: 7038 HIAWASSEE OVERLOOK DR  
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DAVID MOORE

PD

03/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date