2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N00000001376

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: VPD ( ) Delete
Name: CRUM, MARK
Address: 7123 HIAWASSEE OVERLOOK DR
City-St-Zip: ORLANDO, FL 32835

Title: TSD ( ) Delete
Name: GENERAL, DAWN
Address: 7134 HIAWASSEE OVERLOOK DR
City-St-Zip: ORLANDO, FL 32835

Title: PD ( ) Delete
Name: CLEVELAND, PATRICK
Address: 7142 HIAWASSEE OVERLOOK DR
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: BUSH, DONNA
Address: 7141 HIAWASSEE OVERLOOK DR
City-St-Zip: ORLANDO, FL 32835

Title: TSD (X) Change ( ) Addition
Name: SHAH, PURVI J
Address: 7019 HIAWASSEE OVERLOOK DR
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LISA SCHMIDT PD 04/23/2009

Electronic Signature of Signing Officer or Director — Date