

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90259 038 ****70.00

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1. Entity Name

HIAWATHA FARMS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

**3116 CAPITAL CIRCLE N.E.
SUITE 5
TALLAHASSEE FL 32308**

Mailing Address

**3116 CAPITAL CIRCLE N.E.
SUITE 5
TALLAHASSEE FL 32308**

40027013



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Post Office Box 32

Suite, Apt. #, etc.

City & State
Lloyd, FL

Zip
32337

Country

Jefferson

4. FEI Number

01-0755836

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAWS, SONYA
3116 CAPITAL CIRCLE NE
SUITE 5
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **ARD, WILLIAM J**
STREET ADDRESS **6001 VETERANS MEMORIAL HWY.**
CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE **VPD** ☒ Delete
NAME **ARD, LISA C**
STREET ADDRESS **6001 VETERANS MEMORIAL HWY.**
CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE **SD** ☒ Delete
NAME **DAWS, SONYA**
STREET ADDRESS **3116 CAPITAL CIRCLE N.E.#5**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE **PD** ☒ Change ☐ Addition
NAME **McCranie, David E.**
STREET ADDRESS **575 Hiawatha Farms Road**
CITY-ST-ZIP **Monticello, FL 32344**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Rita Hancock**
STREET ADDRESS **113 Hiawatha Farms Road**
CITY-ST-ZIP **Monticello, FL 32344**

TITLE **TD** ☒ Change ☐ Addition
NAME **Maureen Castano**
STREET ADDRESS **1339 Hiawatha Farms Road**
CITY-ST-ZIP **Monticello, FL 32344**

TITLE **SD** ☒ Change ☐ Addition
NAME **Shanna Kaye Crawley**
STREET ADDRESS **10006 Buck Lake Road**
CITY-ST-ZIP **Tallahassee, FL 32317**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: Shanna Kaye Crawley **Secretary/Director**
SHANNA KAYE CRAWLEY, 03/02/05 850-577-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #