

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000002226

FILED
Apr 14, 2009
Secretary of State

Entity Name: HIAWATHA FARMS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

2618 CENTENNIAL PLACE
TALLAHASSEE, FL 32308

Current Mailing Address:

PO BOX 32
LLOYD, FL 32337

New Mailing Address:

FEI Number: 01-0755836 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DAWS, SONYA
2618 CENTENNIAL PLACE
TALLAHASSEE, FL 32308 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: SONYA DAWS

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCRANIE, DAVID E
Address: 575 HIAWATHA FARMS ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: VPD () Delete
Name: HANCOCK, RITA
Address: 113 HIAWATHA FARMS ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: TD () Delete
Name: CASTANO, MAUREEN
Address: 1339 HIAWATHA FARMS ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: SD () Delete
Name: WILSON, NICOLE
Address: 650 HIAWATHA FARMS RD
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MAUREEN CASTANO

TD

04/14/2009

Electronic Signature of Signing Officer or Director

Date