

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 20, 2009**  
**Secretary of State**

DOCUMENT# N00000002226

**Entity Name:** HIAWATHA FARMS HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**1050 HIAWATHA FARMS RD  
MONTICELLO, FL 32344**New Principal Place of Business:****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 ( )****Name and Address of Current Registered Agent:**GOLDEN, JEFFREY S  
1050 HIAWATHA FARMS RD  
MONTICELLO, FL 32344 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: 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 (X) Delete  
Name: WILSON, NICOLE  
Address: 650 HIAWATHA FARMS RD  
City-St-Zip: TALLAHASSEE, FL 32317

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

Title: PD (X) Change ( ) Addition  
Name: RICHARDSON, TOM E  
Address: 895 HIAWATHA FARMS RD  
City-St-Zip: MONTICELLO, FL 32344

Title: VP/S (X) Change ( ) Addition  
Name: BALL, RANDY  
Address: 85 WATHA LANE  
City-St-Zip: MONTICELLO, FL 32344

Title: TD (X) Change ( ) Addition  
Name: GOLDEN, SARRA  
Address: 1050 HIAWATHA FARMS ROAD  
City-St-Zip: MONTICELLO, FL 32344

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: SARRA GOLDEN

TD

11/20/2009

Electronic Signature of Signing Officer or Director

Date