2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# N11269

Entity Name: HIAWASSEE LANDINGS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

Current Mailing Address:

2180 WEST SR 434
5000
LONGWOOD, FL 32779 US

New Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

FEI Number: 59-2945722 **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 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 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 (X) Delete
Name: SMITH, RACHEL
Address: 3542 SPRING LAND DR
City-St-Zip: ORLANDO, FL 32818

Title: VPD ( ) Delete
Name: CARTER, GLORIA
Address: 3709 SPRING LAND DR
City-St-Zip: ORLANDO, FL 32818

Title: STD ( ) Delete
Name: JOHNSON, IDA
Address: 3717 SPRING LAND DR
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete
Name: AGARD, CHARMAINE
Address: 3532 SPRING LAND DR
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete
Name: DUBISSON, ELEANOR
Address: 3524 WESTLAND DR
City-St-Zip: ORLANDO, FL 32818

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: PD (X) Change ( ) Addition
Name: AGARD, CHARMAINE
Address: 3532 SPRING LAND DR
City-St-Zip: ORLANDO, FL 32818

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: CHARMAINE AGARD PD 04/15/2008

Electronic Signature of Signing Officer or Director — Date