2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N17202

Entity Name: HAYES HEIGHTS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5545 PINE RIDGE DR
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

5545 PINE RIDGE DR
MILTON, FL 32570

New Mailing Address:

FEI Number: 59-2728060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYES, LYNDA
5545 PINE RIDGE DRIVE
MILTON, FL 32570 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: STD ( ) Delete
Name: HAYES, LYNDA
Address: 5545 PINE RIDGE DR
City-St-Zip: MILTON, FL 32570

Title: CD ( ) Delete
Name: STEAD, JOAN
Address: 5464 PINE RIDGE DR.
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete
Name: PATRICK, ELLEN
Address: 5626 PINE RIDGE DR
City-St-Zip: MILTON, FL 32570

Title: VD ( ) Delete
Name: FRERET, CHERYL
Address: 5411 POND VIEW DR
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete
Name: JONES, JOHN
Address: 5497 MOONLIGHT DR
City-St-Zip: MILTON, FL 32570

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:

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: LYNDA HAYES STD 02/27/2009

Electronic Signature of Signing Officer or Director — Date