

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45632

FILED
Mar 31, 2009
Secretary of State

Entity Name: HYLAND FARMS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O DRENNON, SECRETARY HFPOA
17743 HYLAND LN
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1477
DADE CITY, FL 33526

New Mailing Address:

FEI Number: 59-3107851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CENDAN, MIGUEL A
17610 HYLAND LANE
DADE CITY, FL 33523 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: CENDAN, MIGUEL A
Address: 17610 HYLAND LANE
City-St-Zip: DADE CITY, FL 33523

Title: TD () Delete
Name: FOOTE, JEFF
Address: 17433 HYLAND LANE
City-St-Zip: DADE CITY, FL 33523

Title: VPD () Delete
Name: STUBBING, STUART
Address: 35121 HEARTLAND DR.
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: PANGALLO, ANTHONY
Address: 17533 HYLAND LANE
City-St-Zip: DADE CITY, FL 33523

Title: SD () Delete
Name: DRENNON, KAREN
Address: 17743 HYLAND LN.
City-St-Zip: DADE CITY, FL 33523

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: D (X) Change () Addition
Name: KRUMMEN, DAVID
Address: 35351 NINA SUE LANE
City-St-Zip: DADE CITY, FL 33523

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: MIGUEL A. CENDAN

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date