1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51229

1. Corporation Name

HIAWASSEE OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

7300 KATY NOLL CT. ORLANDO FL 32818

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7300 KATY NOLL CT. ORLANDO FL 32818

2a. Mailing Address

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FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90097 043 ****61.25



3. Date incorporated or Qualifed

10/09/1992

	Suite, Apt. 1	‡, etc.	Suite, Apt. #, etc.			4. FEI Number		App	pled For	
22	,		27			59- 3226469		Not	Applicable	
	City & State	ty & State City & State				5. Certifcate of Stat	us Desired	\$8.75 A Fee Red		
23		28								
	Zip	Country	Zip	Country		6. Election Campaig	- 11	\$5.00 (
24		25	29 30			Trust Fund Contr	ess of New Registere		11 003	
		9. Name and Address of Current	Registered Agent	81	Name	IV. Name and Addi	622 Ot HAM KARISTELE	u Agein		
				"	Name					
Freeman, Pinkie P.					82 Street Address (P.O. Box Number is Not Acceptable)					
7300 KATY NOLL CT.										
ORLANDO FL 32818								•		
				84	City			. 85 Zip C	ode	
			•		•		F	L		
11	office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State of in familiar with, and accept the obligation	i Florida. Such change was autho	onzea ov 1	ine corbora	orporation submits this stat ation's board of directors. I	ement for the purpose hereby accept the app	of changing its i ointment as reg	registered jistered	
SI	GNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Rec	gistered Agent	signature requ	uired when reinstating)	DATE			
12		OFFICERS AND		13.		ADDITIONS/CHAI	NGES TO OFFICERS	AND DIRECTO	RS IN 12	
тπ		DS	☐ DELETE	1.1 TILE		D a		Change	☐ Addition	
NA	Į.	ALLEN, CYNTHIA		1.2 NAME	}	JESSE RUNI	JER.	70		
		7231 HIAWASSEE OAKS DR.		1.3 STREET	ADDRESS	7103 HIA	WASSELON	e un		
	REET ADDRESS	ORLANDO FL		1.4 CITY-ST	710	JESSE RUNI 7103 HIA ORL DEONALD	32818			
_	Y-ST-ZIP	DP CALMOO V.C.	□ DELETE	2.1 TITLE	-	7)	· · · · · ·	Change	☐ Addition	
TITI			J	2.2 NAME	1	LEON ALD	PILGRIM	*	•	
NAI		FREEMAN, PINKIE P.		2.3 STREET	4000000	1417 HIGH	LAKE DR		~~~ ~	
STF	REET ADDRESS	7300 KATY NOLL CT.			l l	ORL	32818		,	
CIT	Y-ST-ZIP	ORLANDO FL	DELETE	2.4 CITY-S	[-ZIP			☐ Change	Addition	
ΠΠ	LE	D	□ bereie	3.1 TITLE				C) onlange		
NAI	WE	PETERS, CLYDE		3.2 NAME						
STF	REET ADDRESS	7151 HIAWASSEE OAK DR		3.3 STREET	ADDRESS					
CIT	Y-ST-ZIP	ORLANDO FL		3.4. CITY-5	r-ZIP			C Ohan	- Adde	
सम	LE	DVP	☐ DELETE	4.1 TITLE				Change	Addition	
NA	ME	MAYERS, JANICE		4.2 NAME	1					
ŞTF	REET ADDRESS	7301 KATY NOLL CT.		4.3 STREET	ADDRESS					
СП	Y-ST-ZIP	ORLANDO FL		4.4 CITY-ST	-ZIP				_ .	
TIT	-	D	☐ DELETE	5.1 TITLE				☐ Change	☐ Addition	
NAI	ME	FALBY, STELLA		5.2 NAME						
STE	REET ADORESS	7396 HIGH LAKE DR		5.3 STREET	ADDRESS					
l	Y-ST-ZIP	ORLANDO FL 32818		5.4 CITY-ST	i-ZIP					
TIT		T	☐ DELETE	6.1 TITLE				☐ Change	☐ Addition	
NA.	ļ	EBANKS, JENNIE		6.2 NAME						
		4915 LABRA DOR LN		6.3 STREET	ADDRESS					
				6.4 CITY-S1	J					
CIT	Y-ST-ZIP	ORLANDO FL		0.4 CH 1-5	-211				<u> </u>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 292-8056

CR2E037 (11/98)