
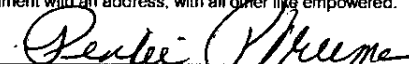


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90342 013 \*\*\*\*61.25

<b>DOCUMENT # N51229</b> 1. Entity Name <b>HIAWASSEE OAKS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>7300 KATY NOLL CT. ORLANDO, FL 32818</b>			Mailing Address <b>7300 KATY NOLL CT. ORLANDO, FL 32818</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3226469</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FREEMAN, PINKIE P. 7300 KATY NOLL CT. ORLANDO, FL 32818</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PILGRIM, LEONARD		NAME	DENNIS HALL	
STREET ADDRESS	7417 HIGH LAKE DRIVE		STREET ADDRESS	7267 HIWASSEE OAKS DR	
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP	ORLANDO, FL	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREEMAN, PINKIE P.		NAME	A. MORRISON	
STREET ADDRESS	7300 KATY NOLL CT.		STREET ADDRESS	4717 BEAGLE ST	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	ORLANDO, FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERS, CLYDE		NAME	DENNIS COPENA	
STREET ADDRESS	7151 HIWASSEE OAK DR		STREET ADDRESS	7133 HIWASSEE BENT CR.	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	ORLANDO, FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SECY.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYERS, JANICE		NAME	NAOMI HARRISON	
STREET ADDRESS	7301 KATY NOLL CT.		STREET ADDRESS	7207 HIWASSEE OAK DR.	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	ORLANDO, FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUNNER, JESSE		NAME	GEORGE MCZEAL	
STREET ADDRESS	7103 HIWASSEE OAK DR		STREET ADDRESS	4705 BEAGLE ST	
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP	ORLANDO, FL	
TITLE	T	<input type="checkbox"/> Delete	TITLE		
NAME	EBANKS, JENNIE		NAME		
STREET ADDRESS	4915 LABRA DOR LN		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>PINKIE P FREEMAN</b>			Date: <b>4/29/04</b> Daytime Phone #: <b>407 298-1273</b>		