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May 02, 2005 8:00 am
Secretary of State
05-02-2005 90547 034 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

14014917

DOCUMENT # N51229

1. Entity Name:
HIAWASSEE OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7267 Hiawassee Oak Dr. Orlando, Fl 32818	7267 Hiawassee Oak Dr. Orlando, Fl 32818

04252005 Chg-NP CR2E037 (10/03)

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: 59-3226469 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FREEMAN, PINKIE P. 7300 KATY NOLL CT. ORLANDO, FL 32818	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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: _____ DATE:
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

TOL	OFFICERS AND DIRECTORS		TIL	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MORRISON, A. 4717 BEAGLE ST ORLANDO, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HALL DENNIS 7267 Hiawassee Oak Dr. Orlando, Fl 32818	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FREEMAN, PINKIE P. 7300 KATY NOLL CT. ORLANDO, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HARRISON, NAOMI 1208 Hiawassee Oak Dr. Orlando, Fl 32818	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETERS, CLYDE 7151 HIAWASSEE OAK DR ORLANDO, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MAY, PAMELA 4719 DOBERMAN ST. Orlando, Fl 32818	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAYERS, JANICE 7301 KATY NOLL CT. ORLANDO, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COPEMANN, DENNIS 7133 Hiawassee BENTCIRCLE Orlando, Fl 32818	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUNNER, JESSE 7103 HIAWASSEE OAK DR ORLANDO, FL 32818	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREEMAN, PINKIE 7300 KATY NOLL CT. Orlando, Fl 32818	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EBANKS, JENNIE 4915 LABRADOR LN ORLANDO, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EBANKS, JENNIE 4915 LABRADOR LN Orlando, Fl 32818	☑ Change ☐ Addition

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: Dennis L Copemann Dennis L Copemann 4/28/05 4072984805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #