

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90259 042 ****61.25

DOCUMENT # N51229

1. Entity Name

HIAWASSEE OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**7300 KATY NOLL CT.
ORLANDO FL 32818**

Mailing Address

**7300 KATY NOLL CT.
ORLANDO FL 32818**

2. Principal Place of Business

3. Mailing Address

P.O. Box 681152

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

Country

Zip

Country

32868-1152

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

**FREEMAN, PINKIE P.
7300 KATY NOLL CT.
ORLANDO FL 32818**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **HALL, DENNIS**
STREET ADDRESS **7267 HIWASSEE OAK DR.**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **VP** ☒ Delete
NAME **HARRISON, NAOMI**
STREET ADDRESS **1208 HIWASSEE OAK DR**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **S** ☐ Delete
NAME **MAY, PAMELA**
STREET ADDRESS **4719 DOBERMAN ST**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **T** ☐ Delete
NAME **COPEMANN, DENNIS**
STREET ADDRESS **7133 HIWASSEE BENTCIRCLE**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **D** ☐ Delete
NAME **FREEMAN, PINKIE**
STREET ADDRESS **7300 KATY NOLL CT.**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **D** ☐ Delete
NAME **EBANKS, JENNIE**
STREET ADDRESS **4915 LABRADOR LN**
CITY-ST-ZIP **ORLANDO FL 32818**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **Dennis Copemann**
STREET ADDRESS **7133 Hiwassee Bent Circle**
CITY-ST-ZIP **Orlando, FL 32818**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Copemann**

2/7/2006 4073564336