

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90039 028 ****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
**POB 681152
ORLANDO, FL 32868-1152**

50000847



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3226469

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DOLETTE BOGLE
7312 EDNITAS WAY
ORLANDO, FL 32818** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COPEMANN, DENNIS
7133 HIWASSEE BENT CIR
ORLANDO, FL 32818** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JESSE RUNNER
7103 HIWASSEE OAK DR
ORLANDO, FL 32818** ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
UPSON, CAROLYN
7373 HIGH LAKE DR
ORLANDO, FL 32818** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MICHAEL KING
4718 BEAGLE ST
ORLANDO, FL 32818** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARTHUR JOHNSON
4724 BEAGLE ST
ORLANDO, FL 32818** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MAYERS, JANICE
7301 KATY NOLL CT.
ORLANDO, FL 32818** ☒ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Pinkie P Freeman

PINKIE P FREEMAN

3/7/08

407 298-1273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #