2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51229

FILED Mar 23, 2009 Secretary of State

Entity Name: HIAWASSEE OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	Y NOLL CT. D, FL 32818				
Current Mailing Address:			New Mailing Address:		
POB 6811 ORLAND(52 D, FL 328681 ⁻	152			
FEI Number	: 59-3226469	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
7300 KAT	N, PINKIE P. Y NOLL CT. D, FL 32818	US			
	e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,	
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP (HALL, DENNIS 7267 HIAWAS ORLANDO, FL	SEE OAK DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (RUNNER, JES 7103 HIAWAS ORLANDO, FL	SEE OAK DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (MAY, PAMELA 4719 DOBERN ORLANDO, FL	MAN ST	Title: Name: Address: City-St-Zip:	SECY (X) Change () Addition MAY, PAMELA 4719 DOBERMAN ST ORLANDO, FL 32818	
Title: Name: Address:	D (KING, MICHAE 4718 BEAGLE ORLANDO, FL	ST	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition MCZEAL, ELLENA 4705 BEAGLE ST ORLANDO, FL 32818	
			Title:	() Change () Addition	
City-St-Zip: Title: Name: Address: City-St-Zip:	D (JOHNSON, AR 4724 BEAGLE ORLANDO, FL	ST	Name: Address: City-St-Zip:	(

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PINKIE P. FREEMAN TREA 03/23/2009