

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91177 027 ****61.25

0014953

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

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

☐ CHECK HERE IF MAKING CHANGES



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

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	D	<input type="checkbox"/> Delete
NAME	PILGRIM, LEONARD	
STREET ADDRESS	7417 HIGH LAKE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FREEMAN, PINKIE P.	
STREET ADDRESS	7300 KATY NOLL CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERS, CLYDE	
STREET ADDRESS	7151 HIAWASSEE OAK DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MAYERS, JANICE	
STREET ADDRESS	7301 KATY NOLL CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUNNER, JESSE	
STREET ADDRESS	7103 HIAWASSEE OAK DR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	T	<input type="checkbox"/> Delete
NAME	EBANKS, JENNIE	
STREET ADDRESS	4915 LABRA DOR LN	
CITY-ST-ZIP	ORLANDO FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

Date

407 298-1273

Daytime Phone #

CR2E037 (10/02)