

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002410

FILED  
Apr 24, 2007  
Secretary of State

**Entity Name:** HYLAND OAKS ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4706 ROLLING OAKS DR.  
ORLANDO, FL 32818 US

**New Principal Place of Business:**

**Current Mailing Address:**

6826 HYLAND OAKS DR.  
ORLANDO, FL 32818

**New Mailing Address:**

FEI Number: 59-3200958

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAYNES, ROBERT  
4706 ROLLING OAKS DR.  
ORLANDO, FL 32818 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HAYNES, ROBERT  
Address: 4706 ROLLING OAKS DR.  
City-St-Zip: ORLANDO, FL 32818 US

Title: VD ( ) Delete  
Name: SALAMIDA, DONNA  
Address: 4825 ROLLING OAKS DR  
City-St-Zip: ORLANDO, FL 32818

Title: SD ( ) Delete  
Name: POLEON, CICELY  
Address: 4801 ROLLING OAKS DRIVE  
City-St-Zip: ORLANDO, FL 32818

Title: TD ( ) Delete  
Name: KEENE, LASSIE  
Address: 6826 HYLAND OAKS DR  
City-St-Zip: ORLANDO, FL 32818

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
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: LASSIE KEENE

TD

04/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date