

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45632

Entity Name: HYLAND FARMS PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O DRENNON, SECRETARY HFPOA
17743 HYLAND LN
DADE CITY, FL 33523**Current Mailing Address:**P.O. BOX 1477
DADE CITY, FL 33526**FEI Number: 59-3107851****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CENDAN, MIGUEL A
17610 HYLAND LANE
DADE CITY, FL 33523 US*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**Officer/Director Detail :**

Title	PD
Name	CENDAN, MIGUEL A
Address	17610 HYLAND LANE
City-State-Zip:	DADE CITY FL 33523

Title	TD
Name	FOOTE, JEFF
Address	17433 HYLAND LANE
City-State-Zip:	DADE CITY FL 33523

Title	VPD
Name	DAY, JEFF
Address	17622 PINE KNOLL DR.
City-State-Zip:	DADE CITY FL 33523

Title	D
Name	ANDERSON, MICHAEL
Address	35215 HEARTLAND DRIVE
City-State-Zip:	DADE CITY FL 33523

Title	SD
Name	DRENNON, KAREN
Address	17743 HYLAND LN.
City-State-Zip:	DADE CITY FL 33523

I hereby 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 all other like empowered.

SIGNATURE: MIGUEL A. CENDAN**PRESIDENT****03/02/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date