


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90430 011 ****61.25

DOCUMENT # N04000011124 1. Entity Name HAILEY GARDENS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2233 NW 133RD TERRACE GAINESVILLE, FL 32606 US	Mailing Address WATSON REALTY CORP 4516 NORTHWEST 23RD AVENUE GAINESVILLE, FL 32606 US
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DO NOT WRITE IN THIS SPACE

04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number 76-0795245	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WATSON REALTY CORP
 ATTN: FRAN POLLARD
 4516 NORTHWEST 23RD AVENUE
 GAINESVILLE, FL 32606

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORRIS, GERALD R 2233 NW 133RD TERRACE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PLEIMAN, WILLIAM C 2233 NW 133RD TERRACE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD COLON, JONATHAN F 2233 NW 133RD TERRACE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 (X) 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06 352 377-8899

Date

Daytime Phone #