


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90166 021 ****61.25

DOCUMENT # N04000011124	
1. Entity Name HAILEY GARDENS CONDOMINIUM ASSOCIATION, INC.	

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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2. Principal Place of Business - No P.O. Box # 4516 NW 23RD AVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State GAINESVILLE, FL	City & State
Zip 32606	Country USA

03292007 Chg-NP CR2E037 (12/06)

4. FEI Number
76-0795245

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WATSON REALTY CORP ATTN: FRAN POLLARD 4516 NORTHWEST 23RD AVENUE GAINESVILLE, FL 32606	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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	MORRIS, GERALD R <input checked="" type="checkbox"/> Delete	TITLE P	Johnson, Greg <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2233 NW 133RD TERRACE	NAME	4215 SW 22nd Lane #131
STREET ADDRESS	GAINESVILLE, FL 32606	STREET ADDRESS	GAINESVILLE, FL 32607
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VD	PLEIMAN, WILLIAM C <input checked="" type="checkbox"/> Delete	TITLE VP	Wolfson, Vanessa <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2233 NW 133RD TERRACE	NAME	2335 SW 42nd Way #167
STREET ADDRESS	GAINESVILLE, FL 32606	STREET ADDRESS	GAINESVILLE, FL 32607
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE STD	COLON, JONATHAN F <input type="checkbox"/> Delete	TITLE S	Kessler, Kristina <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2233 NW 133RD TERRACE	NAME	4237 SW 22nd Lane #139
STREET ADDRESS	GAINESVILLE, FL 32606	STREET ADDRESS	GAINESVILLE, FL 32607
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE T	ELKIND, Jaime <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	2306 SW 42nd DR. #142
STREET ADDRESS		STREET ADDRESS	GAINESVILLE, FL 32607
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Greg Johnson Pres. 4-3-07 (407) 765-0605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #