

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006297

FILED
Apr 25, 2007
Secretary of State

Entity Name: THE VILLAGE AT HAILE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9116 SW 51 ROAD
SUITE 103
GAINESVILLE, FL 32608

New Principal Place of Business:

9124 SW 51 ROAD
#B202
GAINESVILLE, FL 32608

Current Mailing Address:

9116 SW 51 ROAD
SUITE 103
GAINESVILLE, FL 32608

New Mailing Address:

9124 SW 51 ROAD
#B202
GAINESVILLE, FL 32608

FEI Number: 20-5157946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEREE, MIKE
9116 SW 51 ROAD
SUITE 103
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

DEREE, MIKE
9124 SW 51 ROAD
#B202
GAINESVILLE, FL 32608 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:

04/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DERE, MICHAEL
Address: 9116 SW 51 ROAD, SUITE 103
City-St-Zip: GAINESVILLE, FL 32608

Title: VD (X) Delete
Name: JONES, BARRY
Address: 9116 SW 51 ROAD, SUITE 103
City-St-Zip: GAINESVILLE, FL 32608

Title: SD (X) Delete
Name: WITTERSS, PAMELA M
Address: 9116 SW 51 ROAD, SUITE 103
City-St-Zip: GAINESVILLE, FL 32608

Title: TD () Delete
Name: DERE, PAULETTE
Address: 9116 SW 51 ROAD, SUITE 103
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DERE, MICHAEL
Address: 9124 SW 51 ROAD, #B202
City-St-Zip: GAINESVILLE, FL 32608

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

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

Title: TD (X) Change () Addition
Name: DERE, PAULETTE
Address: 9124 SW 51 ROAD, #B202
City-St-Zip: GAINESVILLE, FL 32608

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: MIKE DERE

PRES

04/25/2007

Electronic Signature of Signing Officer or Director

Date