

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006297

FILED  
Mar 27, 2008  
Secretary of State

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

## Current Principal Place of Business:

9124 SW 51 ROAD  
#B202  
GAINESVILLE, FL 32608

## New Principal Place of Business:

5208 SW 91ST DRIVE  
SUITE D  
GAINESVILLE, FL 32608

## Current Mailing Address:

9124 SW 51 ROAD  
#B202  
GAINESVILLE, FL 32608

## New Mailing Address:

5208 SW 91ST DRIVE  
SUITE D  
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  
9124 SW 51 ROAD  
#B202  
GAINESVILLE, FL 32608 US

## Name and Address of New Registered Agent:

TRIPPE REALTY MANAGEMENT, INC  
5208 SW 91ST DRIVE  
SUITE D  
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: PAT TRIPPE

03/27/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DERE, MICHAEL  
Address: 9127 SW 52ND AVENUE, SUITE 102  
City-St-Zip: GAINESVILLE, FL 32608

Title: VP (X) Change ( ) Addition  
Name: DERE, PAULETTE  
Address: 9127 SW 52ND AVENUE, SUITE 102  
City-St-Zip: GAINESVILLE, FL 32608

Title: ST ( ) Change (X) Addition  
Name: KAHN, GAVIN  
Address: 5025 SW 91ST COURT, H104  
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

P

03/27/2008

Electronic Signature of Signing Officer or Director

Date