ALE NOW: FILING FEE IS \$61.25 CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N94000005872 (6)

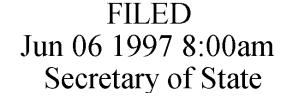
HALIFAX PLANTATION PHASES II & III HOMEOWNERS' A SSOCIATION, INC.

Principal Place of Business

Mailing Address

40000 OLD DIXIE HIGHWAY ORMOND BEACH FL 32174

40000 OLD DIXIE HIGHWAY ORMOND BEACH FL 32174





										3. Date Incorporated or Qualified 11/29/1994	3a. Date of Last I 01/31/1	Report 996	
2. Principal Place of Business					2a. Mailing Address					4. FEI Number Applied For			
21			26						59-3301171	N	ot Applicable		
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional lequired	
City & State					City & State					6. Election Campaign Financing	\$5.00	May Be	
3					28					Trust Fund Contribution	Added	to Fees	
Zip			Country	<u> </u>	Zip Cou			itry		8. This corporation has liability for intangible tax under s. 199.032,			
24	a N iama	25	434 A	29							Yes No		
9, Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent				
HENDERSON, R. DON 40000 OLD DIXIE HIGHWAY ORMOND BEACH FL 32174								81 Name J. Doyle Tumbleson 82 Street Address (P.O. Box Number is Not Acceptable) 150 S. Palmetto Avenue 83 B4 City Devtone Reach					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Seption 617.0503, Florida Statutes.													
SIGNATURE Signature, typed or printed major of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
12.		37	OFFICERS AND			<u></u>	13.			ADDITIONS/CHANGES TO OFFICE		RS IN 12	
TITLE	DP				DELETE		1.1 (1)	E	PT		XX Change	Addition	
NAME	HENDE	RSO	N, R. DON		1.21			AE .		nino, Anthony		Ì	
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NAME							5.2 NAI			7, 14	0	Ì	
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CITY-ST-ZIP	y cortify the	t the	information supplied	arith +	hie filing dage not	qualify f	6.4 CIT	/-ST-ZIP) etated	in Section 119 07/3Vi) Floride Statutes	further certify ha	t the	
Information I am an off appears in	14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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 proporation by the receiver or trusted my married to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed or on an attachment with an address.												