

MP

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Jun 06 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N94000005872 (6)**
 1. Corporation Name
HALIFAX PLANTATION PHASES II & III HOMEOWNERS' ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business 40000 OLD DIXIE HIGHWAY ORMOND BEACH FL 32174 | Mailing Address 40000 OLD DIXIE HIGHWAY ORMOND BEACH FL 32174 |
|---|---|

| | | | |
|--------------------------------|------------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 11/29/1994 | 3a. Date of Last Report 01/31/1996 |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 59-3301171 | Applied For Not Applicable |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 Country | 29 Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**HENDERSON, R. DON
 40000 OLD DIXIE HIGHWAY
 ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

| | |
|---|-------------------------------|
| 81 Name | J. Doyle Tumbleson |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 150 S. Palmetto Avenue |
| 83 | |
| 84 City | Daytona Beach |
| 85 State | FL |
| Zip Code | 32114 |

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, Section 617.0503, Florida Statutes.

SIGNATURE *J. Doyle Tumbleson* DATE **3-19-97**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> DELETE |
| NAME | HENDERSON, R. DON | |
| STREET ADDRESS | 40000 OLD DIXIE HIGHWAY | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | |
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | UANINO, ANTHONY | |
| STREET ADDRESS | 40000 OLD DIXIE HIGHWAY | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | |
| TITLE | DV | <input checked="" type="checkbox"/> DELETE |
| NAME | QUELLO, KIM | |
| STREET ADDRESS | 40000 OLD DIXIE HIGHWAY | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------------|--|
| 1.1 TITLE | PTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Uanino, Anthony | |
| 1.3 STREET ADDRESS | 4000 Old Dixie Highway | |
| 1.4 CITY-ST-ZIP | Ormond Beach, FL. 32174 | |
| 2.1 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Collins, Ann | |
| 2.3 STREET ADDRESS | 4000 Old Dixie Highwqy | |
| 2.4 CITY-ST-ZIP | Ormond Beach, FL. 32174 | |
| 3.1 TITLE | S D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Jensen, Alfred | |
| 3.3 STREET ADDRESS | 4000 Old Dixie Highway | |
| 3.4 CITY-ST-ZIP | Ormond Beach, FL. 32174 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

6-6-97

14. I do 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 or supplemental 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 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)