

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90151 045 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



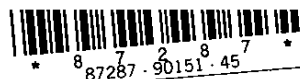
FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N94000005872**

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



|   |  |                        |  |   |  |
|---|--|------------------------|--|---|--|
| Principal Place of Business                     |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified                         |  |
| Suite, Apt. #, etc.                             |  | 26 Suite, Apt. #, etc. |  | 11/29/1994  |  |
| City & State                                    |  | 27 City & State        |  | 4. FEI Number   |  |
| Zip   |  | 28 Zip                 |  | 59-3301171  |  |
| Country   |  | 29 Country             |  | Applied For   |  |
| 25  |  | 30                     |  | Not Applicable  |  |
| 9. Name and Address of Current Registered Agent |  |                        |  | 5. Certificate of Status Desired <input type="checkbox"/> |  |
| TUMBLESON, J. DOYLE                             |  |                        |  | \$8.75 Additional Fee Required                            |  |
| 150 S. PALMETTO AVENUE                          |  |                        |  | 6. Election Campaign Financing <input type="checkbox"/>   |  |
| DAYTONA BEACH FL 32114                          |  |                        |  | Trust Fund Contribution <input type="checkbox"/>          |  |
|   |  |                        |  | \$5.00 May Be Added to Fees                               |  |

|   |  |   |  |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent |  | 10. Name and Address of New Registered Agent          |  |
| TUMBLESON, J. DOYLE                             |  | 81 Name   |  |
| 150 S. PALMETTO AVENUE                          |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |
| DAYTONA BEACH FL 32114                          |  | 83  |  |
|   |  | 84 City   |  |
|   |  | FL 85 Zip Code  |  |

i. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| OFFICERS AND DIRECTORS   |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|--|---------------------------------|---|---|
| SD<br>JENSEN, ALFRED<br>40000 OLD DIXIE HIGHWAY<br>ORMOND BEACH FL 32174   | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| VD<br>COLLINS, ANN<br>40000 OLD DIXIE HIGHWAY<br>ORMOND BEACH FL 32174     | <input type="checkbox"/> DELETE | 1.2 NAME  |   |
| PTD<br>UANINO, ANTHONY<br>40000 OLD DIXIE HIGHWAY<br>ORMOND BEACH FL 32174 | <input type="checkbox"/> DELETE | 1.3 STREET ADDRESS                                    |   |
|  | <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP                                       |   |
|  | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | <input type="checkbox"/> DELETE | 2.2 NAME  |   |
|  | <input type="checkbox"/> DELETE | 2.3 STREET ADDRESS                                    |   |
|  | <input type="checkbox"/> DELETE | 2.4 CITY-ST-ZIP                                       |   |
|  | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | <input type="checkbox"/> DELETE | 3.2 NAME  |   |
|  | <input type="checkbox"/> DELETE | 3.3 STREET ADDRESS                                    |   |
|  | <input type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP                                       |   |
|  | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | <input type="checkbox"/> DELETE | 4.2 NAME  |   |
|  | <input type="checkbox"/> DELETE | 4.3 STREET ADDRESS                                    |   |
|  | <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP                                       |   |
|  | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | <input type="checkbox"/> DELETE | 5.2 NAME  |   |
|  | <input type="checkbox"/> DELETE | 5.3 STREET ADDRESS                                    |   |
|  | <input type="checkbox"/> DELETE | 5.4 CITY-ST-ZIP                                       |   |
|  | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | <input type="checkbox"/> DELETE | 6.2 NAME  |   |
|  | <input type="checkbox"/> DELETE | 6.3 STREET ADDRESS                                    |   |
|  | <input type="checkbox"/> DELETE | 6.4 CITY-ST-ZIP                                       |   |

I 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, with all other like empowered.

SIGNATURE: Katherine Harris DATE: 2/18/99 DAYTIME PHONE: 676-9600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)