

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000005872</b> 1. Entity Name <b>HALIFAX PLANTATION PHASES II &amp; III HOMEOWNERS' ASSOCIATION, INC.</b>		
Principal Place of Business <b>40000 OLD DIXIE HIGHWAY ORMOND BEACH, FL 32174</b>	Mailing Address <b>40000 OLD DIXIE HIGHWAY ORMOND BEACH, FL 32174</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
01192006 No Chg-NP CR2E037 (11/05)		
4. FEI Number <b>59-3301171</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fees Required
6. Name and Address of Current Registered Agent  <b>TUMBLESON, J. DOYLE 150 S. PALMETTO AVENUE DAYTONA BEACH, FL 32114</b>		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ <small>Signature: typed or printed name of registered agent and role if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee Is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD RODGERS, ANN 40000 OLD DIXIE HIGHWAY ORMOND BEACH, FL 32174</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD LIANINO, ANTHONY 3400 HALIFAX CLUB HOUSE DR ORMOND BEACH, FL 32174</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD JAROSIK, THOMAS 4000 OLD DIXIE HIGHWAY ORMOND BEACH, FL 32174</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
000000410197 02/09/06-80026-021 61.25		
<b>DO NOT WRITE IN THIS SPACE</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	386 676 9600 EXT 320 <small>Daytime Phone #</small>