


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000005872

1. Entity Name
HALIFAX PLANTATION PHASES II & III HOMEOWNERS' ASSOCIATION, INC.



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

DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

| | |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 59-3301171 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

TUMBLESON, J. DOYLE
150 S. PALMETTO AVENUE
DAYTONA BEACH, FL 32114

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|--------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RODGERS, ANN 40000 OLD DIXIE HIGHWAY ORMOND BEACH, FL 32174 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD UANINO, ANTHONY 3400 HALIFAX CLUB HOUSE DR ORMOND BEACH, FL 32174 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JAROSIK, THOMAS 4000 OLD DIXIE HIGHWAY ORMOND BEACH, FL 32174 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 01/15/08-80046-005 61.25

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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.

SIGNATURE: Anthony Uanino *Anthony Uanino* January 8, 2008 386-676-9600 045320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #