

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 06, 2009  
Secretary of State**

DOCUMENT# N94000005872

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

**Current Principal Place of Business:**

40000 OLD DIXIE HIGHWAY  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

40000 OLD DIXIE HIGHWAY  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 59-3301171      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VD      ( ) Delete  
Name: RODGERS, ANN  
Address: 40000 OLD DIXIE HIGHWAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: PTD      ( ) Delete  
Name: UANINO, ANTHONY  
Address: 3400 HALIFAX CLUB HOUSE DR  
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD      ( ) Delete  
Name: JAROSIK, THOMAS  
Address: 4000 OLD DIXIE HIGHWAY  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY UANINO

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date