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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000005120 (8)  
1. Corporation Name  
HAILE VILLAGE CENTER MERCHANTS ASSOCIATION, INC.



Principal Place of Business: 5300 SOUTH WEST 91ST TERRACE GAINESVILLE FL 32608  
Mailing Address: 5300 SOUTH WEST 91ST TERRACE GAINESVILLE FL 32608-7124

3. Date Incorporated or Qualified: 10/02/1996  
3a. Date of Last Report

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 GAINESVILLE FL 24 Zip: 25 32608 26a. Mailing Address: 26 5330 SW 91ST TERRACE 27 Suite, Apt. #, etc. 28 City & State: 28 GAINESVILLE FL 29 Zip: 29 32608 30 Country: 30 USA

4. FEI Number: 59-3412168  
Applied For: Not Applicable  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: MEDINA, RICK 5330 SOUTH WEST 91ST TERRACE GAINESVILLE FL 32608

10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOUNT, PATSY	1.2 NAME	
STREET ADDRESS	5300 SOUTH WEST 91ST TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	1.4 CITY-ST-ZIP	
TITLE	<del>VP</del> <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MAHAFFEY, DICK</del>	2.2 NAME	DICK MAHAFFEY
STREET ADDRESS	<del>5300 SOUTH WEST 91ST TERRACE</del>	2.3 STREET ADDRESS	5300 SW 91 TERRACE
CITY-ST-ZIP	<del>GAINESVILLE FL 32608</del>	2.4 CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANFIELD, GARY DR.	3.2 NAME	
STREET ADDRESS	5300 SOUTH WEST 91ST TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, ROBERT	4.2 NAME	
STREET ADDRESS	5300 SOUTH WEST 91ST TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASKEL, MATTHEW	5.2 NAME	
STREET ADDRESS	10295 SOUTH WEST 248TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33032	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEEMAN, DAVID	6.2 NAME	
STREET ADDRESS	420 LINCOLN ROAD, SUITE 435	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	6.4 CITY-ST-ZIP	

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.

SIGNATURE: Patsy Blount *Patsy Blount* Feb. 5, 1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0011221

CR2E037 (9/96)