

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 10 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005120 (8)**  
1. Corporation Name  
**HAILE VILLAGE CENTER MERCHANTS ASSOCIATION, INC.**



Principal Place of Business <b>5300 SOUTH WEST 91ST TERRACE GAINESVILLE FL 32608</b>	Mailing Address <b>5330 S.W. 91ST TERRACE GAINESVILLE FL 32608 US</b>
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3. Date Incorporated or Qualified <b>10/02/1996</b>	
4. FEI Number <b>59-3412168</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<b>BLOUNT, PATSY</b>	1.1 TITLE <b>P</b>	<b>DOLSAK, MARSHA</b>
STREET ADDRESS <b>5300 SOUTH WEST 91ST TERRACE</b>	<b>GAINESVILLE FL 32608</b>	1.2 NAME	<b>5300 SW 91st Terrace</b>
CITY-ST-ZIP <b>GAINESVILLE FL 32608</b>		1.3 STREET ADDRESS	<b>Gainesville FL 32608</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<b>MAHAFFERY, DICK</b>	2.1 TITLE	
STREET ADDRESS <b>5300 S.W. 91 TERRACE</b>	<b>GAINESVILLE FL</b>	2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>S</b>	<b>BANFIELD, GARY DR.</b>	3.1 TITLE <b>S</b>	<b>STEGALL, GINGER</b>
STREET ADDRESS <b>5300 SOUTH WEST 91ST TERRACE</b>	<b>GAINESVILLE FL 32608</b>	3.2 NAME	<b>5318 SW 91st Terrace</b>
CITY-ST-ZIP <b>GAINESVILLE FL 32608</b>		3.3 STREET ADDRESS	<b>Gainesville FL 32608</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>KRAMER, ROBERT</b>	4.1 TITLE	
STREET ADDRESS <b>5300 SOUTH WEST 91ST TERRACE</b>	<b>GAINESVILLE FL 32608</b>	4.2 NAME	
CITY-ST-ZIP <b>GAINESVILLE FL 32608</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>KASKEL, MATTHEW</b>	5.1 TITLE	
STREET ADDRESS <b>10295 SOUTH WEST 248TH STREET</b>	<b>HOMESTEAD FL 33032</b>	5.2 NAME	
CITY-ST-ZIP <b>HOMESTEAD FL 33032</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>FLEEMAN, DAVID</b>	6.1 TITLE	
STREET ADDRESS <b>420 LINCOLN ROAD, SUITE 435</b>	<b>MIAMI BEACH FL 33139</b>	6.2 NAME	
CITY-ST-ZIP <b>MIAMI BEACH FL 33139</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 supplement to 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 of 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:  **ROBERT KRAMER** 4/6/98 335 7848

CR2E037 (10/97)