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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



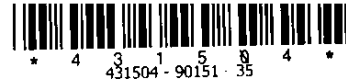
FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000005120

1. Corporation Name
HAILE VILLAGE CENTER MERCHANTS ASSOCIATION, INC.

Principal Place of Business
**5300 SOUTH WEST 91ST TERRACE
 GAINESVILLE FL 32608**

Mailing Address
**5330 S.W. 91ST TERRACE
 GAINESVILLE FL 32608
 US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/02/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3412168	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 **Tracy Bair**
 82 Street Address (P.O. Box Number is Not Acceptable)
5330 SW 91st Terrace
 83
 84 City **Gainesville** **FL** 85 Zip Code **32608**

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 **Tracy Bair - Agent** *Tracy Bair* DATE **4/21/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLSAK, MARSHA	1.2 NAME	Marsha Dolsak
STREET ADDRESS	5300 SW 91ST TERRACE	1.3 STREET ADDRESS	9938 SW 52nd Road
CITY-ST-ZIP	GAINESVILLE FL 32608	1.4 CITY-ST-ZIP	Gainesville, FL 32608
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHAFFERY, DICK	2.2 NAME	Christy Daugherty
STREET ADDRESS	5300 S.W. 91 TERRACE	2.3 STREET ADDRESS	5211 SW 91th Terrace
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Gainesville, Florida 32608
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEGALL, GINGER	3.2 NAME	Ginger Stegall
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 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, with all other like empowered.

SIGNATURE: *Robert B. Kramer* SIGNATURE REQUIRED: **Robert B. Kramer** DATE: **4/21/99** DAYTIME PHONE: **352 335-7848**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)