

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011124

**Entity Name:** HAILEY GARDENS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 30, 2015**  
**Secretary of State**  
**CC9479488904**

**Current Principal Place of Business:**

C/O WATSON REALTY CORP.  
4516 NW 23RD AVE.  
GAINESVILLE, FL 32606

**Current Mailing Address:**

C/O WATSON REALTY CORP.  
4516 NW 23RD AVE.  
GAINESVILLE, FL 32606 US

**FEI Number: 76-0795245**

**Certificate of Status Desired: No**

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

POLLARD, FRANCES  
C/O WATSON REALTY CORP.  
4516 NORTHWEST 23RD AVENUE  
GAINESVILLE, FL 32606 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ROGOZINSKI, ABRAHAM  
Address        2845 FOREST CIRCLE  
City-State-Zip: JACKSONVILLE FL 32257

Title            SECRETARY  
Name            MISNER, MARTY  
Address        435 TURKEY CREEK  
City-State-Zip: ALACHUA FL 32615

Title            TREASURER  
Name            RITTER, LEE  
Address        5812 ENTERPRISE PARKWAY  
City-State-Zip: FORT MYERS FL 33905

Title            VP  
Name            SINGH, AJAY  
Address        4242 SW 22ND LANE  
                  #118  
City-State-Zip: GAINESVILLE FL 32607

Title            DIRECTOR  
Name            FOLEY, DAVID  
Address        4262 SW 22ND LANE  
                  #111  
City-State-Zip: GAINESVILLE FL 32607

Title            DIRECTOR  
Name            JANOS, ROMAN  
Address        4237 SW 22ND LANE  
                  #136  
City-State-Zip: GAINESVILLE FL 32607

*I hereby 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 all other like empowered.*

**SIGNATURE: ABRAHAM ROGOZINSKI**

**PRESIDENT**

**03/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date