

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006297

**FILED**  
**Apr 06, 2016**  
**Secretary of State**  
**CC1059655622**

**Entity Name:** THE VILLAGE AT HAILE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9158 SW 51ST ROAD  
SUITE J-103  
GAINESVILLE, FL 32608

**Current Mailing Address:**

P.O. BOX 14121  
GAINESVILLE, FL 32604 US

**FEI Number:** 20-5157946

**Certificate of Status Desired:** No

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

PREMIER MANAGEMENT ASSOCIATES, INC.  
9158 SW 51ST ROAD  
SUITE J-103  
GAINESVILLE, FL 32608 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            WOLTERS, JOE DUSTON  
Address        9158 SW 51ST ROAD  
                 SUITE J-103  
City-State-Zip: GAINESVILLE FL 32608

Title            VP  
Name            FRASER, MARK  
Address        9158 SW 51ST ROAD  
                 SUITE J-103  
City-State-Zip: GAINESVILLE FL 32608

Title            SECRETARY  
Name            THOMAS, MATTHEW  
Address        9158 SW 51ST ROAD  
                 SUITE J-103  
City-State-Zip: GAINESVILLE FL 32608

Title            TREASURER  
Name            REED, JESSE  
Address        9158 SW 51ST ROAD  
                 SUITE J-103  
City-State-Zip: GAINESVILLE FL 32608

Title            DIRECTOR  
Name            DEAN, JED  
Address        9158 SW 51ST ROAD  
                 SUITE J-103  
City-State-Zip: GAINESVILLE FL 32608

*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: JOE DUSTON WOLTERS**

**PRESIDENT**

**04/06/2016**

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

\_\_\_\_\_  
Date