

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 754394 (5)**  
1. Corporation Name  
**HAILE PLANTATION ASSOCIATION, INC.**

**FILED**  
95 FEB 17 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
5330 S.W. 91ST TERRACE GAINESVILLE FL 32608  
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/26/1980</b>	3a. Date of Last Report <b>02/18/1994</b>
4. FEI Number <b>59-2233496</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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>

9. Name and Address of Current Registered Agent <b>EWING, WILMA A HAILE PLANTATION ASSOC INC 5330 SW 91ST TERR GAINESVILLE FL 32608</b>		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>FL</b>	<b>85</b> Zip Code

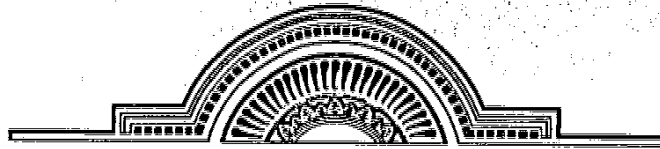
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>SD</b>	NAME <b>BRANDON, MARTHA L.</b>	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5205 SW 86TH TERRACE</b>	CITY-ST-ZIP <b>GAINESVILLE FL</b>	1.2 NAME	1.3 STREET ADDRESS <b>32608</b>
TITLE <b>D</b>	NAME <b>BZOCH, KEVIN</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5502 SW 88TH COURT</b>	CITY-ST-ZIP <b>GAINESVILLE FL 32608</b>	2.2 NAME	2.3 STREET ADDRESS <b>32608</b>
TITLE <b>VB</b>	NAME <b>WALSH, MICHAEL D</b>	3.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>5230 SW 92ND CT</b>	CITY-ST-ZIP <b>GAINESVILLE FL</b>	3.2 NAME <b>CLEGG, JAMES R.</b>	3.3 STREET ADDRESS <b>5 7 SW 88th Court</b>
TITLE <b>PD</b>	NAME <b>LANE, DAVID J.</b>	3.4 CITY-ST-ZIP <b>Gainesville, FL 32608</b>	
STREET ADDRESS <b>4742 SW 68TH DRIVE</b>	CITY-ST-ZIP <b>GAINESVILLE FL</b>	4.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	NAME <b>LINDGREN, CHERYL K.</b>	4.2 NAME	4.3 STREET ADDRESS <b>8815 SW 42nd Place</b>
STREET ADDRESS <b>5670 SW 88TH COURT</b>	CITY-ST-ZIP <b>GAINESVILLE FL</b>	4.4 CITY-ST-ZIP <b>32608</b>	
TITLE <b>TD</b>	NAME <b>TOW, HERMAN D.</b>	5.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>6000 SW 45TH BOULEVARD</b>	CITY-ST-ZIP <b>GAINESVILLE FL</b>	5.2 NAME <b>JONES, JOHN E.</b>	5.3 STREET ADDRESS <b>9831 SW 55th Road</b>
		5.4 CITY-ST-ZIP <b>Gainesville, FL 32608</b>	
		6.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME <b>HENDERSON, WANDA W.</b>	6.3 STREET ADDRESS <b>5535 SW 98th Terrace</b>
		6.4 CITY-ST-ZIP <b>Gainesville, FL 32608</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Martha L. Brandon 2-3-95 (904) 335-7818  
MARTHA L. BRANDON, PRESIDENT



## Haile Plantation Association, Inc.

5330 Southwest 91st Terrace • Gainesville, Florida 32608 • (904) 335-7848

February 15, 1995

THE FOLLOWING ARE NAMES AND ADDRESSES FOR THE  
REMAINING THREE OF THE NINE DIRECTORS ON THE BOARD:

NAYLOR, WILLIAM H.  
10303 SW 55TH PLACE  
GAINESVILLE, FL 32608

WELCH, JAY  
9407 SW 56TH PLACE  
GAINESVILLE, FL 32608

COOPER, CLEVE  
5610 SW 88TH COURT  
GAINESVILLE, FL 32608