

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 754394 (5)

1. Corporation Name

HAILE PLANTATION ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5330 S.W. 91ST TERRACE  
GAINESVILLE FL 32608

5330 S.W. 91ST TERRACE  
GAINESVILLE FL 32608

3. Date Incorporated or Qualified

09/26/1980

3a. Date of Last Report

02/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2233496

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EWING, WILMA A  
HAILE PLANTATION ASSOC INC  
5330 SW 91ST TERR  
GAINESVILLE FL 32608

81 Name

MEDINA, JOSE E., JR.

82 Street Address (P.O. Box Number is Not Acceptable)

HAILE PLANTATION ASSOCIATION, INC.

83

5330 SW 91st Terrace

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 JOSE E. MEDINA, JR., General Mgr.

*Jose E. Medina*

1/24/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME BRANDON, MARTHA L.  
STREET ADDRESS 5205 SW 88TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME BZOCH, KEVIN  
STREET ADDRESS 5502 SW 88TH COURT  
CITY-ST-ZIP GAINESVILLE FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME CLEGG, JAMES R  
STREET ADDRESS 57 SW 88TH COURT  
CITY-ST-ZIP GAINESVILLE FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

VD  
NAYLOR, WILLIAM H.  
10303 SW 55th Place  
Gainesville, FL 32608

TITLE D  DELETE  
NAME LANE, DAVID J.  
STREET ADDRESS 8815 SW 42ND PLACE  
CITY-ST-ZIP GAINESVILLE FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME JONES, JOHN E  
STREET ADDRESS 9831 SW 55TH ROAD  
CITY-ST-ZIP GAINESVILLE FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME HENDERSON, WANDA W  
STREET ADDRESS 5535 SW 98TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 119.07(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, changed, or on an attachment with an address.

SIGNATURE:

*John E. Jones*

JOHN E. JONES, TREASURER

January 24, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)