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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32608-7124

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 09/26/1980 3a. Date of Last Report 02/05/1996
4. FEI Number 59-2233496 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$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
MEDINA, JOSE E. J
HAILE PLANTATION ASSOC. INC
5330 SW 91ST TERR.
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRANDON, MARTHA L.	
STREET ADDRESS	5205 SW 86TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BZOCH, KEVIN	
STREET ADDRESS	5502 SW 88TH COURT	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NAYLOR, WILLIAM H.	
STREET ADDRESS	10303 SW 55TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LANE, DAVID J.	
STREET ADDRESS	8815 SW 42ND PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JONES, JOHN E	
STREET ADDRESS	9831 SW 55TH ROAD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HENDERSON, WANDA W	
STREET ADDRESS	5535 SW 98TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRANDON, MARTHA L.	
1.3 STREET ADDRESS	5205 SW 86th Terrace	
1.4 CITY-ST-ZIP	Gainesville FL 32608	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MEYER, CALVIN J.	
2.3 STREET ADDRESS	8025 SW 47th Court	
2.4 CITY-ST-ZIP	Gainesville, FL 32608	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WOLKING, WILLIAM	
3.3 STREET ADDRESS	5153 SW 88th Terrace	
3.4 CITY-ST-ZIP	Gainesville FL 32608	
4.1 TITLE	TATE, ALVIN C.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	5322 SW 97th Terrace	
4.3 STREET ADDRESS	Gainesville FL 32608	
4.4 CITY-ST-ZIP		
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JONES, JOHN E.	
5.3 STREET ADDRESS	9831 SW 55th Road	
5.4 CITY-ST-ZIP	Gainesville FL 32608	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROSE, ROBERT F.	
6.3 STREET ADDRESS	9512 SW 54th Road	
6.4 CITY-ST-ZIP	Gainesville FL 32608	

14. I do 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.

SIGNATURE: *John E. Jones* JOHN E. JONES, PRES. 352-335-7848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *0011222

CR2E037 (9/96)