


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 5330 S.W. 91ST TERRACE GAINESVILLE FL 32608	Mailing Address 5330 S.W. 91ST TERRACE GAINESVILLE FL 32608
---	---

3. Date Incorporated or Qualified
09/26/1980

4. FEI Number
59-2233496

Applied For	
Not Applicable	

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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	D	<input checked="" type="checkbox"/> DELETE
NAME	BRANDON, MARTHA L.	
STREET ADDRESS	5205 SW 86TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, CALVIN J.	
STREET ADDRESS	8025 S.W. 47TH COURT	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WOLKING, WILLIAM	
STREET ADDRESS	5153 SW 88TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TATE, ALVIN C.	
STREET ADDRESS	5322 SW 97TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, JOHN E	
STREET ADDRESS	9831 SW 55TH ROAD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input checked="" 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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HALL, CRAIG	
1.3 STREET ADDRESS	8850 SW 45th Boulevard	
1.4 CITY-ST-ZIP	Gainesville FL 32608	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROSE, ROBERT F.	
2.3 STREET ADDRESS	9512 SW 54th Road	
2.4 CITY-ST-ZIP	Gainesville FL 32608	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DEVIESE, TAYLOR	
3.3 STREET ADDRESS	8502 SW 52nd Place	
3.4 CITY-ST-ZIP	Gainesville FL 32608	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	REAKES, EVIE	
6.3 STREET ADDRESS	5122 SW 86th Terrace	
6.4 CITY-ST-ZIP	Gainesville FL 32608	

14. I 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, PRESIDENT 4-8-98 (352) 335-7848

CR2E037 (10/97)