

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State

0011544

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

04-27-1999 90150 023 ****61.25

DOCUMENT # 754394

1. Corporation Name
HAILE PLANTATION ASSOCIATION, INC.

431442 - 90150 - 23

Principal Place of Business
 5330 S.W. 31ST TERRACE
 GAINESVILLE FL 32608

Mailing Address
 5330 S.W. 91ST TERRACE
 GAINESVILLE FL 32608



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/26/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2233496	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
Country		Country		\$5.00 May Be Added to Fees	
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MEDINA, JOSE E. J HAILE PLANTATION ASSOC. INC 5330 SW 91ST TERR. GAINESVILLE FL 32608				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				Gainesville		FL 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 Tracy Bair - Agent DATE 4-20-99

Tracy Bair

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HALL, CRAIG			1.2 NAME			
STREET ADDRESS	8850 SW 45TH BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32608			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSE, ROBERT F.			2.2 NAME			
STREET ADDRESS	9512 SW 54TH ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32608			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEVIESE, TAYLOR			3.2 NAME			
STREET ADDRESS	8502 SW 52ND PLACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32608			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TATE, ALVIN C.			4.2 NAME	Tate, Alvin C.		
STREET ADDRESS	5322 SW 97TH TERRACE			4.3 STREET ADDRESS	5322 SW 97th Terrace		
CITY-ST-ZIP	GAINESVILLE FL			4.4 CITY-ST-ZIP	Gainesville, Florida 32608		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, JOHN E			5.2 NAME	Jeff Quigley		
STREET ADDRESS	9831 SW 55TH ROAD			5.3 STREET ADDRESS	623 SW 53rd Place		
CITY-ST-ZIP	GAINESVILLE FL			5.4 CITY-ST-ZIP	Gainesville, Florida 32608		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REAKES, EVIE			6.2 NAME	D Kathy Doolittle SEC/D		
STREET ADDRESS	5122 SW 86TH TERRACE			6.3 STREET ADDRESS	8820 SW 45th Blvd.		
CITY-ST-ZIP	GAINESVILLE FL 32608			6.4 CITY-ST-ZIP	Gainesville, Florida 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, with a I other like empowered.

SIGNATURE: Alvin C. Tate DATE: 4-20-99 (352) 335-7848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)