


FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90034 050 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

40022451



DOCUMENT # 754394			
1. Entity 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	
2. Principal Place of Business 5341 SW 91st Terrace, A Suite, Apt. #, etc. Suite A City & State Gainesville, FL Zip 32608 Country US		3. Mailing Address 5341 SW 91st Terrace, A Suite, Apt. #, etc. Suite A City & State Gainesville, FL Zip 32608 Country US	
02092005		Chg-NP	CR2E037 (10/03)
4. FEI Number 59-2233496		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEDINA, RICK 5330 SW 91ST TERR. GAINESVILLE, FL 32608		7. Name and Address of New Registered Agent -Name Street Address (P.O. Box Number is Not Acceptable) 5341 SW 91st Terrace, Suite A City Gainesville FL Zip Code 32608	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reappointing)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HERMAN, TOW 8860 SW 45TH BLVD GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Tow, Herman 8860 SW 45th Blvd Gainesville, FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRENNER, PAMELA 5212 SW 91ST TERRACE SUITE C GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEILAND, GEORGE 8022 SW 45TH LANE GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Weiland, George 8022-SW-45th Lane Gainesville, FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHMIDT, WILLIAM 3951 SW 98TH TERR GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Schmidt, John W. Jr. 3951 SW 98th Terrace Gainesville, FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCE, BARBARA 5113 SW 88TH TERR. GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HALWARD, WILLIAM 5050 SW 88TH TERR. GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Halward, William 5050 SW 88th Terrace Gainesville, FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # _____	