


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90020 024 ****61.25

DOCUMENT # 754394			
1. Entity Name HAILE PLANTATION ASSOCIATION, INC.			
Principal Place of Business 5347 SW 91ST TERRACE STE A GAINESVILLE, FL 32608		Mailing Address 5347 SW 91ST TERRACE STE A GAINESVILLE, FL 32608	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		02032006 Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-2233496	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MEDINA, RICK 5341 SW 91TH TERRACE STE A GAINESVILLE, FL 32608		Name <u>William S. Emmerich</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code	
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 <u>William S. Emmerich</u>		DATE <u>2/17/06</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		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	DVP <input type="checkbox"/> Delete	TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOW, HERMAN	NAME	DENNISTON, DONALD
STREET ADDRESS	8860 SW 45TH BLVD	STREET ADDRESS	4412 SW 85TH WAY
CITY-ST-ZIP	GAINESVILLE, FL 32608	CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRENNER, PAMELA	NAME	HALL, JOHN
STREET ADDRESS	5212 SW 91ST TERRACE SUITE C	STREET ADDRESS	5002 SW 91ST DRIVE
CITY-ST-ZIP	GAINESVILLE, FL 32608	CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	DS <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEILAND, GEORGE	NAME	SCHANZE, BARBARA
STREET ADDRESS	8022 SW 45TH LANE	STREET ADDRESS	8939 SW 44TH LANE
CITY-ST-ZIP	GAINESVILLE, FL 32608	CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	DT <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHMIDT, JOHN W JR	NAME	BILLINGS, PEGGY
STREET ADDRESS	3951 SW 98TH TERR	STREET ADDRESS	5108 SW 88TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32608	CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPENCE, BARBARA	NAME	ROSE, BOB
STREET ADDRESS	5113 SW 88TH TERR.	STREET ADDRESS	9512 SWEATH ROAD
CITY-ST-ZIP	GAINESVILLE, FL 32608	CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	DVP <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALWARD, WILLIAM	NAME	DAVIS, JUSTIN
STREET ADDRESS	5050 SW 88TH TERR.	STREET ADDRESS	5222 SW 36TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32608	CITY-ST-ZIP	GAINESVILLE, FL 32608
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>William S. Emmerich</u>		DATE: <u>2/17/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>352-335-7848</u>	