

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 767797

FILED
Feb 22, 2007
Secretary of State

Entity Name: HAYSTACKS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% MACOR REALTY, INC.
10404 SW 24TH AVE
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 140502
GAINESVILLE, FL 32614 US

New Mailing Address:

FEI Number: 59-2327086 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MACOR REALTY, INC.
10404 SW 24TH AVE
GAINESVILLE, FL 32607 US

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.

SIGNATURE: MACOR REALTY INC

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: HENNEBRY, LORA
Address: 4548 SW 44 LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: T/D (X) Delete
Name: CASEY, JACQUELINE
Address: 4633 SW 44 LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: PD (X) Delete
Name: PIPER, DIANE
Address: 4606 SW 44 LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: SD () Delete
Name: BECNEL, LINDA
Address: 10708 SW 90 CT
City-St-Zip: GAINESVILLE, FL 32608

Title: VD (X) Delete
Name: DYKES, RICHARD
Address: 4646 SW 44 LANE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MACOR REALTY INC

RA

02/22/2007

Electronic Signature of Signing Officer or Director

Date