## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 767797** 

FILED Sep 29, 2008 Secretary of State

Entity Name: HAYSTACKS OWNERS ASSOCIATION, INC.	
Current Principal Place of Business:	New Principal Place of Business:
% MACOR REALTY, INC. 10404 SW 24TH AVE GAINESVILLE, FL 32607 US	C/O WATSON REALTY CORP./FRAN POLLARD 4516 NW 23RD AVENUE GAINESVILLE, FL 32606 US
Current Mailing Address:	New Mailing Address:
PO BOX 140502 GAINESVILLE, FL 32614 US	C/O WATSON REALTY CORP./FRAN POLLARD 4516 NW 23RD AVENUE GAINESVILLE, FL 32606 US
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive t	
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	WATSON REALTY CORP./ FRAN POLLARD 4516 NW 23RD AVENUE GAINESVILLE, FL 32606 US
The above named entity submits this statement for the purpose o in the State of Florida.	f changing its registered office or registered agent, or both,
SIGNATURE: FRANCES POLLARD	09/29/2008
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: SD () Delete Name: BECNEL, LINDA Address: 10708 SW 90 CT City-St-Zip: GAINESVILLE, FL 32608	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: ( ) Delete Name: Address: City-St-Zip:	Title: PT ( ) Change (X) Addition Name: HART, KEVIN Address: 4646 SW 46TH DRIVE City-St-Zip: GAINESVILLE, FL 32608
Title: ( ) Delete Name: Address: City-St-Zip:	Title: VP ( ) Change (X) Addition Name: MCELROY, DOUGLAS Address: 4641 SW 44TH LANE City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN HART PD 09/29/2008