

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767797

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** HAYSTACKS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O WATSON REALTY CORP./FRAN POLLARD  
4516 NW 23RD AVENUE  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WATSON REALTY CORP./FRAN POLLARD  
4516 NW 23RD AVENUE  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

**FEI Number:** 59-2327086

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATSON REALTY CORP./FRAN POLLARD  
4516 NW 23RD AVENUE  
GAINESVILLE, FL 32606 US

**Name and Address of New Registered Agent:**

POLLARD, FRANCES  
C/O WATSON REALTY CORP.  
4516 NW 23RD AVE.  
GAINESVILLE, FL 32606 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: FRANCES POLLARD

04/01/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: PT ( ) Delete  
Name: HART, KEVIN  
Address: 4646 SW 46TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32608

Title: VP ( ) Delete  
Name: MCELROY, DOUGLAS  
Address: 4641 SW 44TH 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:

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

P

04/01/2009

Electronic Signature of Signing Officer or Director

Date