

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006025

FILED
Apr 28, 2006
Secretary of State

Entity Name: THE LINKS AT HAILE PLANTATION CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5341 SW 91ST TERRACE
SUITE A
GAINESVILLE, FL 32605

New Principal Place of Business:

10000 SW 52ND ROAD
GAINESVILLE, FL 32608

Current Mailing Address:

5341 SW 91ST TERRACE
SUITE A
GAINESVILLE, FL 32605

New Mailing Address:

PO BOX 14121
GAINESVILLE, FL 32604

FEI Number: 33-1125507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTSON, DENISE LOWRY
3940 NW 16TH BLVD
BLDG. B
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

MEDINA, JOSE E JR
9116 SW 51ST ROAD
GAINESVILLE, FL 32608 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: JOSE E MEDINA, JR

04/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRAEVE, KENT
Address: 2117 2ND AVENUE NORTH
City-St-Zip: BIRMINGHAM, AL 35203

Title: VPD () Delete
Name: DOBBINS, WILLIAM D IV
Address: 2117 2ND AVENUE NORTH
City-St-Zip: BIRMINGHAM, AL 35203

Title: STD () Delete
Name: DANIEL, WILLIAM C
Address: 2117 2ND AVENUE NORTH
City-St-Zip: BIRMINGHAM, AL 35203

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 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: WILLIAM DOBBINS

MR.

04/28/2006

Electronic Signature of Signing Officer or Director

Date