


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90236 010 \*\*\*\*61.25

<b>DOCUMENT # N07000006596</b> 1. Entity Name <b>HAILE 65 CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3603 NW 98TH STREET SUITE C GAINESVILLE, FL 32606</b>			Mailing Address <b>3603 NW 98TH STREET SUITE C GAINESVILLE, FL 32606</b>		
2. Principal Place of Business - No P.O. Box # <b>2421 NW 41<sup>st</sup> Street</b>		3. Mailing Address <b>2421 NW 41<sup>st</sup> Street</b>			
Suite, Apt. #, etc. <b>Suite A1</b>		Suite, Apt. #, etc. <b>Suite A1</b>			
City & State <b>Gainesville FL</b>		City & State <b>Gainesville FL</b>			
Zip <b>32606</b>		Country <b>Alachua</b>		Zip <b>32606</b>	
Country <b>Alachua</b>		Country <b>Alachua</b>			
6. Name and Address of Current Registered Agent  <b>TRUNNELL, GREGORY 3603 NW 98TH STREET SUITE C GAINESVILLE, FL 32606</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2421 NW 41<sup>st</sup> Street Suite A-1</b> <b>Gainesville</b> City <b>FL</b> Zip Code <b>32606</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> <b>TRUNNELL, GREGORY</b> <b>3603 NW 98TH STREET SUITE C</b> <b>GAINESVILLE, FL 32606</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVP</b> <b>TRUNNELL, CATHERINE</b> <b>3603 NW 98TH STREET SUITE C</b> <b>GAINESVILLE, FL 32606</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVPT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DST</b> <b>MCCAULEY, JAMES</b> <b>3603 NW 98TH STREET SUITE C</b> <b>GAINESVILLE, FL 32606</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>4-28-08 352-367-4544</b> Date Daytime Phone #		