

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006492

FILED
Jan 07, 2009
Secretary of State

Entity Name: HAILE 61 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2421 NW 41ST STREET, SUITE A1
GAINESVILLE, FL 32606

New Principal Place of Business:

2421 NW 41ST STREET
SUITE A-1
GAINESVILLE, FL 32606

Current Mailing Address:

2421 NW 41ST STREET, SUITE A1
GAINESVILLE, FL 32606

New Mailing Address:

2421 NW 41ST STREET
SUITE A-1
GAINESVILLE, FL 32606

FEI Number: 26-3739077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUNNELL, GREGORY
2421 NW 41ST STREET, SUITE A1
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

TRUNNELL, GREGORY
2421 NW 41ST STREET
SUITE A-1
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: GREGORY TRUNNELL

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRUNNELL, GREGORY
Address: 2421 NW 41ST STREET, SUITE A1
City-St-Zip: GAINESVILLE, FL 32606

Title: VD () Delete
Name: TRUNNELL, CATHERINE
Address: 2421 NW 41ST STREET, SUITE A1
City-St-Zip: GAINESVILLE, FL 32606

Title: ST () Delete
Name: TRUNNELL, GREGORY
Address: 2421 NW 41ST STREET, SUITE A1
City-St-Zip: GAINESVILLE, FL 32606

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: GREGORY TRUNNELL

PD

01/07/2009

Electronic Signature of Signing Officer or Director

Date