## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N32167

FILED Apr 10, 2009 Secretary of State

Entity Name: HALE'S PLACE PLANTATION CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

15647 HALES'S PLACE PLANTATION ROAD TALLAHASSEE, FL 32312

Current Mailing Address: New Mailing Address:

15647 HALES'S PLACE PLANTATION ROAD TALLAHASSEE, FL 32312

FEI Number: 59-3016425 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SMITH, W. CRIT 3250 THOMASVILLE ROAD FOURTH FLOOR TALLAHASSEE, FL 32308 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:

Flatoria Circular of Decides of Asset

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition Name: ROBERTS, CHARLES W III

Address: 15647 HALES PLACE, PLANTATION ROAD Address: 15647 HALES PLACE, PLANTATION ROAD

City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ROBERTS, MYERS ANN
 Name:

 Address:
 15647 HALES PLACE, PLANTATION ROAD
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32312
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ROBERTS, BETTY
 Name:

 Address:
 HIGHWAY 65
 Address:

 City-St-Zip:
 HOSFORD, FL 32334
 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: CHARLES W. ROBERTS, III PTD 04/10/2009