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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUN 23 AM 9:46

DOCUMENT # N40064 (0)

1. Corporation Name

THE HAILE PLANTATION WEST ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9120 SW 46TH BOULEVARD GAINESVILLE FL 32608	9120 SW 46TH BOULEVARD GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1990
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-3032668 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 5300 SW 91st Terr	26 5300 SW 91st Terrace
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Gainesville, FL	28 Gainesville, FL
24 Zip 32608 / 25 Country	29 Zip 32608 / 30 Country

9. Name and Address of Current Registered Agent

ROWE, ROBERT R.
9120 S.W. 46TH BOULEVARD
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	KASKEL, MATTHEW	12 NAME		
STREET ADDRESS	9120 SW 46TH BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	KRAMER, ROBERT B.	22 NAME		
STREET ADDRESS	9120 SW 46TH BLVD.	23 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	BZOCH, KEVIN J.	32 NAME		
STREET ADDRESS	9120 SW 46TH BLVD.	33 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	ROWE, ROBERT R.	42 NAME		
STREET ADDRESS	9120 SW 46TH BLVD.	43 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608	44 CITY-ST-ZIP		
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	COOPER, CLEVELAND	52 NAME		
STREET ADDRESS	9120 SW 46 BLVD	53 STREET ADDRESS		
CITY-ST-ZIP	GAINSVILLE FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____ Robert Kramer X 6/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000436