

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N40064** (0)

1. Corporation Name

THE HAILE PLANTATION WEST ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**5300 SW 91ST TERR
GAINESVILLE F 32608
US**

**5300 SW 91ST TERR
GAINESVILLE FL 32608
US**

3. Date Incorporated or Qualified
09/21/1990

3a. Date of Last Report
06/23/1995

2. Principal Place of Business
21 **5330 SW 91st Terrace**

2a. Mailing Address
26 **5330 SW 91st Terrace**

4. FEI Number
59-3032668

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State
Gainesville, FL

28 City & State
Gainesville, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **32608** 25 Country **Alachua**

29 Zip **32608** 30 Country **Alachua**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROWE, ROBERT R.
9120 S.W. 48TH BOULEVARD
GAINESVILLE FL 32608**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D KASKEL, MATTHEW**
STREET ADDRESS **9120 SW 46TH BLVD.**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ DELETE
NAME **PD KRAMER, ROBERT B.**
STREET ADDRESS **9120 SW 46TH BLVD.**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ DELETE
NAME **SD BZOCH, KEVIN J.**
STREET ADDRESS **9120 SW 46TH BLVD.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE
NAME **VD ROWE, ROBERT R.**
STREET ADDRESS **9120 SW 46TH BLVD.**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ DELETE
NAME **T COOPER, CLEVELAND**
STREET ADDRESS **9120 SW 46 BLVD**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.96

Date

Daytime Phone #

CR2E037 (12/95)