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FILED

Mar 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

5330 SW 91ST TERR.  
GAINESVILLE F 32608  
US5330 SW 91ST TERR.  
GAINESVILLE FL 32608-7124  
US3. Date Incorporated or Qualified  
09/21/19903a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number

59-3032668

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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. 46TH BOULEVARD  
GAINESVILLE FL 32608

81 Name

SALTER, JAMES D.

82 Street Address (P.O. Box Number is Not Acceptable)

703 NE 1st Street

83

84

City Gainesville

FL

85 Zip Code  
32608

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

JAMES D. SALTER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	KASKEL, MATTHEW	
STREET ADDRESS	9120 SW 46TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL 32608	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KASKEL, MATTHEW	
1.3 STREET ADDRESS	5300 SW 91st Terrace	
1.4 CITY-ST-ZIP	Gainesville FL 32608	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KRAMER, ROBERT B.	
STREET ADDRESS	9120 SW 46TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL 32608	

2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KRAMER, ROBERT B.	
2.3 STREET ADDRESS	5300 SW 91st Terrace	
2.4 CITY-ST-ZIP	Gainesville FL 32608	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BZOCH, KEVIN J.	
STREET ADDRESS	9120 SW 46TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL	

3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JENKINS, JENNIFER	
3.3 STREET ADDRESS	5300 SW 91st Terrace	
3.4 CITY-ST-ZIP	Gainesville FL 32608	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROWE, ROBERT R.	
STREET ADDRESS	9120 SW 46TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL 32608	

4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROWE, ROBERT R.	
4.3 STREET ADDRESS	5300 SW 91st Terrace	
4.4 CITY-ST-ZIP	Gainesville FL 32608	

TITLE	T	<input type="checkbox"/> DELETE
NAME	COOPER, CLEVELAND	
STREET ADDRESS	9120 SW 46 BLVD	
CITY-ST-ZIP	GAINESVILLE FL	

5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	COOPER, CLEVELAND	
5.3 STREET ADDRESS	5300 SW 91st Terrace	
5.4 CITY-ST-ZIP	Gainesville FL 32608	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

ROBERT B. KRAMER, PRESIDENT 2-20-97

Date

Daytime Phone #0011223

CR2E037 (9/96)