


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90138 010 \*\*\*\*61.25

<b>DOCUMENT # N40064</b> 1. Entity Name <b>THE HAILE PLANTATION WEST ASSOCIATION, INC.</b>					
Principal Place of Business <b>5330 SW 91ST TERR. GAINESVILLE, F 32608 US</b>			Mailing Address <b>5330 SW 91ST TERR. GAINESVILLE, FL 32608 US</b>		
2. Principal Place of Business <b>5341 SW 91st Terrace</b>		3. Mailing Address <b>5341 SW 91st Terrace</b>			
Suite, Apt. #, etc. <b>Suite A</b>		Suite, Apt. #, etc. <b>Suite A</b>			
City & State <b>Gainesville, FL</b>		City & State <b>Gainesville, FL</b>		4. FEI Number <b>59-3032668</b>	
Zip <b>32608</b>		Country <b>Alachua</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MEDINA, RICK 5341 SW 91ST TERRACE, Suite A GAINESVILLE, FL 32-6085</b>			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHMIDT, J. WILLIAM <input type="checkbox"/> Delete 3951 SW 98TH TERRACE GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Schmidt, John William Jr. 3951 SW 98th Blvd Gainesville, FL 32608	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PTAK, TIMOTHY 3025 SW 98TH WAY GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BRADY, JUNE 4939 SW 95TH TERRACE GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROWE, ROBERT R. 5300 SW 91ST TERRACE GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete COOPER, CLEVELAND 5300 SW 91 TERR GAINESVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PHILPOT, LAURIE 9214 SW 42ND LANE GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>John W. Schmidt, Jr.</u> <b>JOHN W. SCHMIDT, JR.</b> <u>3/24/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					