

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90097 044 \*\*\*\*61.25

**DOCUMENT # N40064**

1. Entity Name

THE HAILE PLANTATION WEST ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5341 SW 91ST TERRACE  
SUITE A  
GAINESVILLE F 32608  
US

5341 SW 91ST TERRACE  
SUITE A  
GAINESVILLE F 32608  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-3032668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EMMDRICH, WILLIAM S  
5341 SW 91ST TERRACE, SUITE A  
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP ☒ Delete  
NAME SCHMIDT, JOHN WILLIAM JR.  
STREET ADDRESS 3951 SW 98TH BLVD  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE D ☒ Delete  
NAME PTAK, TIMOTHY  
STREET ADDRESS 3025 SW 98TH WAY  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE D ☐ Delete  
NAME BRADY, JUNE  
STREET ADDRESS 4939 SW 95TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE D ☒ Delete  
NAME ROWE, ROBERT R.  
STREET ADDRESS 5300 SW 91ST TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE D ☒ Delete  
NAME ROARK, FOREST  
STREET ADDRESS 4421 SW 101 ST DR  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE D ☐ Delete  
NAME PHILPOT, LAURIE  
STREET ADDRESS 9214 SW 42ND LANE  
CITY-ST-ZIP GAINESVILLE FL 32608

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME PETTY, DON  
STREET ADDRESS 4707 SW 103rd Way  
CITY-ST-ZIP Gainesville FL 32608

TITLE ☐ Change ☒ Addition  
NAME WOLF, ISABEL  
STREET ADDRESS 3559 SW 8th ST.  
CITY-ST-ZIP Gainesville, FL 32608

TITLE ☒ Change ☐ Addition  
NAME Brady, June  
STREET ADDRESS 4939 SW 95th Ter  
CITY-ST-ZIP Gainesville FL 32608

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME PHILPOT, LAURIE  
STREET ADDRESS 9214 SW 42nd Lane  
CITY-ST-ZIP Gainesville FL 32608

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *John R. Philpot*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2007

352 372 4213