2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40064

FILED Apr 25, 2009 Secretary of State

Entity Name: THE HAILE PLANTATION WEST ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5208 SW 91ST DRIVE SUITE D GAINESVILLE, FL 32608 US **New Mailing Address: Current Mailing Address:** 5208 SW 91ST DRIVE SUITE D GAINESVILLE, FL 32608 US FEI Number: 59-3032668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MANAGEMENT SPECIALISTS CONNER, SARAH AGENT 5208 SW 91ST DRIVE 5208 SW 91ST DRIVE SUITE D SUITE D GAINESVILLE, FL 32608 US GAINESVILLE, FL 32608 US 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. SIGNATURE: SARAH CONNER, AGENT 04/25/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition PHILPOT, LAURIE NYE, DAVID J Name: Name: 9214 SW 42ND LANE Address: 9325 SW 46TH PLACE Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32608 Title: Title: D (X) Change () Addition () Delete BRADY, JUNE Name: LUCAS, MIKE Name: Address: 9214 SW 42ND LANE Address: 8614 SW 34TH AVE City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32608 Title: () Delete Title: () Change () Addition BRISTOL, JUNE Name: Name: Address: 3005 SW 98TH WAY Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: (X) Change () Addition Title: () Delete Title: DV Name: HOLLINGER, RICHARD Name: HOLLINGER, RICHARD Address: 9513 SW 51ST ROAD Address: 9513 SW 51ST ROAD City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32608 Title: () Delete Title: (X) Change () Addition BELLUCCI, TOM BELLUCCI, TOM Name: Name: 4024 SW 98TH TERRACE 4024 SW 98TH TERRACE Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32608 Title: () Delete Title: () Change () Addition LAW, ALISON Name: Name: Address: 4524 SW 105TH DRIVE Address: GAINESVILLE, FL 32608 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID NYE PRES 04/25/2009