

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

FILED

**Jan 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # N42300

1. Entity Name
HAYES GLEN HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**C/O C. WHARTON COLE, ESQ.
P. O. BOX 23879
GAINESVILLE, FL 32602-3879**

Mailing Address
**2303 SW 112TH STREET
GAINESVILLE, FL 32607**



01242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3117530	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GLADDISH, JENNIFER
2303 SW 112TH ST.
GAINESVILLE, FL 32607**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PRINCE, TAMMY
STREET ADDRESS 1522 SW 112TH ST
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE VPD
NAME NADDY, GINGER
STREET ADDRESS 11303 SW 10TH LANE
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE SD
NAME KUTYA, MICHAEL
STREET ADDRESS 10215 SW 35TH PLACE
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE DT
NAME GLADDISH, JENNIFER
STREET ADDRESS 2303 112TH ST
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000200108
01/28/05-BD013-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Jennifer Gladish* **JENNIFER GLADDISH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-05 352-332-7040

Date

Daytime Phone #