


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N42300</b> 1. Entity Name <b>HAYES GLEN HOMEOWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>C/O C. WHARTON COLE, ESQ. P. O. BOX 23879 GAINESVILLE, FL 32602-3879</b>	Mailing Address <b>2303 SW 112TH STREET GAINESVILLE, FL 32607</b>
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01032006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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 re-registering) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**11111111452373  
03/11/06 00024 006 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRINCE, TAMMY 1522 SW 112TH ST GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NADDY, GINGER 11303 SW 10TH LANE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KUTYA, MICHAEL 10215 SW 35TH PLACE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GLADDISH, JENNIFER 2303 112TH ST GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Gladdish **2-27-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #