

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000449

FILED
Apr 29, 2010
Secretary of State

Entity Name: HAILE VILLAGE CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

New Mailing Address:

FEI Number: 59-3207361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNER, SARAH AGENT
5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

MANAGEMENT SPECIALISTS SERVICES
5208 SW 91ST DRIVE
SUITE D
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

04/29/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: COFFEY, DAVID C
Address: 5346 SW 91ST TER
City-St-Zip: GAINESVILLE, FL 32608

Title: T
Name: BENET, JAN
Address: 9141 SW 49TH PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: VP
Name: THIBAUT, MICHAEL
Address: 3605 SW 86TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: P
Name: CARTY, CRAIG
Address: 1818 NW 18TH COURTH
City-St-Zip: GAINESVILLE, FL 32608

Title: S
Name: DERE, MIKE
Address: 9127-D103 52ND AVENUE
City-St-Zip: GAINESVILLE, FL 32608

I hereby 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 all other like empowered.

SIGNATURE: CRAIG CARTY

P

04/29/2010

Electronic Signature of Signing Officer or Director

Date