2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2012
Secretary of State

DOCUMENT# N93000000449

Entity Name: HAILE VILLAGE CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9158 SW 51ST ROAD
SUITE J-103
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14121
GAINESVILLE, FL 32604 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:

PREMIER MANAGEMENT ASSOCIATES, INC.
9158 SW 51ST ROAD
SUITE J-103
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: LANDIS, SARA
Address: 9158 SW 51ST ROAD; SUITE J103
City-St-Zip: GAINESVILLE, FL 32608

Title: S
Name: GAINES, JAN
Address: 9158 SW 51ST ROAD; SUITE J103
City-St-Zip: GAINESVILLE, FL 32608

Title: VP
Name: THIBAULT, MICHAEL
Address: 9158 SW 51ST ROAD; SUITE J103
City-St-Zip: GAINESVILLE, FL 32608

Title: P
Name: CARTY, CRAIG
Address: 9158 SW 51ST ROAD; SUITE J103
City-St-Zip: GAINESVILLE, FL 32608

Title: T
Name: DEREE, MIKE
Address: 9158 SW 51ST ROAD; SUITE J103
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 02/02/2012

Electronic Signature of Signing Officer or Director Date