

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000405

FILED
Apr 04, 2006
Secretary of State

Entity Name: HALBROOK FARM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

25807 NW CR 1491
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

25807 NW CR 1491
ALACHUA, FL 32615 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STALEY, TIMOTHY R
25807 NW CR 1491
ALACHUA, FL 32615 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 () Delete
Name: STALEY, TIMOTHY R
Address: 25807 NORTH CR 1491
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: COX, ROBERT J JR
Address: 17406 NW 255TH LANE
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: SANDERS, J.D.
Address: 26013 NORTH CR 1491
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY R STALEY

MR.

04/04/2006

Electronic Signature of Signing Officer or Director

Date