


FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002023 (8)**

1. Corporation Name

**HAILE COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>3616 N.W. 186TH STREET NEWBERRY FL 32669</b>	Mailing Address <b>P. O. BOX 1074 NEWBERRY FL 32669-1074 US</b>
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3. Date Incorporated or Qualified <b>04/27/1995</b>	3a. Date of Last Report <b>05/14/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>JOHN MCCALL 4115 NW 186 ST NEWBERRY FL 32669</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Treasurer - TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALEXAITIS, JOHN</b>	1.2 NAME	<b>Ogden, Richard</b>
STREET ADDRESS	<b>5113 N.W. 234TH ST.</b>	1.3 STREET ADDRESS	<b>18513 NW 23 Place</b>
CITY-ST-ZIP	<b>NEWBERRY FL 32669</b>	1.4 CITY-ST-ZIP	<b>Newberry, FL 32669</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Secretary - SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DECUBELLIS, DENISE</b>	2.2 NAME	<b>Harst Amy R.</b>
STREET ADDRESS	<b>4211 N.W. 186TH ST.</b>	2.3 STREET ADDRESS	<b>1518 NW County Rd 235</b>
CITY-ST-ZIP	<b>NEWBERRY FL 32669</b>	2.4 CITY-ST-ZIP	<b>Newberry, FL 32669</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Board member - D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JANA MIDDLETON</b>	3.2 NAME	<b>Sherwood, Ed</b>
STREET ADDRESS	<b>5204 NW 234 ST</b>	3.3 STREET ADDRESS	<b>503 NW 182nd Street</b>
CITY-ST-ZIP	<b>NEWBERRY FL</b>	3.4 CITY-ST-ZIP	<b>Newberry, FL 32669</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Board member - D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAARINEN, ARTHUR</b>	4.2 NAME	<b>Sue Ellen Hunter</b>
STREET ADDRESS	<b>3616 N.W. 186TH STREET</b>	4.3 STREET ADDRESS	<b>7230 NW 200 Terrace</b>
CITY-ST-ZIP	<b>NEWBERRY FL 32669</b>	4.4 CITY-ST-ZIP	<b>Alachua, FL 32615</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Board member - D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CANDACE MCCALL</b>	5.2 NAME	<b>Barson, Mike</b>
STREET ADDRESS	<b>4115 NW 186 ST</b>	5.3 STREET ADDRESS	<b>18515 NW 28th Place</b>
CITY-ST-ZIP	<b>NEWBERRY FL</b>	5.4 CITY-ST-ZIP	<b>Newberry, FL 32669</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>Board member - D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PHYLLIS SAARINEN</b>	6.2 NAME	<b>Decubellis, Steve</b>
STREET ADDRESS	<b>3616 186TH ST</b>	6.3 STREET ADDRESS	<b>4211 NW 186th St.</b>
CITY-ST-ZIP	<b>NEWBERRY FL</b>	6.4 CITY-ST-ZIP	<b>Newberry, FL 32669</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **11.22.97**

CR2E037 (9/96)