

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002023

1. Entity Name

HAILE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

3616 N.W. 186TH STREET  
NEWBERRY FL 32669

Mailing Address

P. O. BOX 1074  
NEWBERRY FL 32669-1074  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHERWOOD, EDWARD  
503 NW 182ND ST  
NEWBERRY FL 32669

7. Name and Address of New Registered Agent

Name MCINARNAY, WILLIAM

Street Address (P.O. Box Number is Not Acceptable)  
6928 NW 196th ST.

City ALACHUA

FL

Zip Code 32615

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.

SIGNATURE

*Edward Sherwood*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/00

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete  
NAME HARMS, SUE  
STREET ADDRESS 7010 N.W. 200 TERR.  
CITY-ST-ZIP ALACHUA FL 32615

TITLE SD ☒ Delete  
NAME HANST, AMY R  
STREET ADDRESS 1518 NW COUNTY RD 235  
CITY-ST-ZIP NEWBERRY FL 32669

TITLE DTD ☐ Delete  
NAME SHERWOOD, ED  
STREET ADDRESS 503 NW 182ND ST  
CITY-ST-ZIP NEWBERRY FL 32669

TITLE D ☐ Delete  
NAME HUNTER, SUE E  
STREET ADDRESS 7230 NW 200 TERRACE  
CITY-ST-ZIP ALACHUA FL 32615

TITLE D ☐ Delete  
NAME MCINARNAY, WILLIAM  
STREET ADDRESS 6928 NM 196 ST.  
CITY-ST-ZIP ALACHUA FL 32615

TITLE D ☐ Delete  
NAME LERVONEN, GENE  
STREET ADDRESS 20816 NW 46 AVE.  
CITY-ST-ZIP NEWBERRY FL 32669

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Change ☐ Addition  
NAME HARMS, SUE  
STREET ADDRESS 7010 NW 200th TERR.  
CITY-ST-ZIP ALACHUA, FL 32615

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *WILLIAM T. MCINARNAY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/00

462-2811

FILED  
Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90061 025 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE