

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2002 8:00 am  
Secretary of State

04-11-2002 90044 028 \*\*\*\*61.25

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DOCUMENT # N95000002023

1. Entity Name

HAILE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3616 N.W. 186TH STREET  
NEWBERRY FL 32669

P. O. BOX 1074  
NEWBERRY FL 32669  
US

2. Principal Place of Business

7010 NW 200<sup>th</sup> TERR

3. Mailing Address

7010 NW 200<sup>th</sup> TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALACHUA FL

City & State

ALACHUA FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32615

Country

USA

Zip

32615

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCINARNAY, WILLIAM  
6928 NW 196TH ST  
ALACHUA FL 32615

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
HARMS, SUE  
7010 NW 200TH TERR  
ALACHUA FL 32615 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
WENDY WALTHER  
6928 NW. 196<sup>th</sup> ST  
ALACHUA, FL. 32615 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURER  
HARMS, SUE  
7010 NW 200<sup>th</sup> TERR  
ALACHUA, FL 32615 ☒ Change ☐ Addition

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/02 386-462-1941

CR2E037 (9/01)