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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005120 (8)

1. Corporation Name

HAILE VILLAGE CENTER MERCHANTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5300 SOUTH WEST 91ST TERRACE
GAINESVILLE FL 326085300 SOUTH WEST 91ST TERRACE
GAINESVILLE FL 32608-71243. Date Incorporated or Qualified
10/02/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

32608

A USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEDINA, RICK
5330 SOUTH WEST 91ST TERRACE
GAINESVILLE FL 32608

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME BLOUNT, PATSY
STREET ADDRESS 5300 SOUTH WEST 91ST TERRACE
CITY-ST-ZIP GAINESVILLE FL 326081.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE ~~VP~~ ☐ DELETE
NAME ~~MAHAFFEY, DICK~~
STREET ADDRESS ~~5300 SOUTH WEST 91ST TERRACE~~
CITY-ST-ZIP ~~GAINESVILLE FL 32608~~2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VP
2.3 STREET ADDRESS DICK MAHAFFEY
2.4 CITY-ST-ZIP 5300 SW 91 TERRACE
GAINESVILLE FL 32608TITLE S ☐ DELETE
NAME BANFIELD, GARY DR.
STREET ADDRESS 5300 SOUTH WEST 91ST TERRACE
CITY-ST-ZIP GAINESVILLE FL 326083.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME KRAMER, ROBERT
STREET ADDRESS 5300 SOUTH WEST 91ST TERRACE
CITY-ST-ZIP GAINESVILLE FL 326084.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME KASKEL, MATTHEW
STREET ADDRESS 10295 SOUTH WEST 248TH STREET
CITY-ST-ZIP HOMESTEAD FL 330325.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME FLEEMAN, DAVID
STREET ADDRESS 420 LINCOLN ROAD, SUITE 435
CITY-ST-ZIP MIAMI BEACH FL 331396.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

Patsy Blount
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORFeb. 5, 1997
Date

Daytime Phone #0011221

CR2E037 (9/96)