

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90024 020 \*\*\*\*61.25

**DOCUMENT # N97000004752**  
 1. Entity Name  
**HAILE FOREST HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>101 NW 75TH STREET SUITE 1 GAINESVILLE FL 32607</b>	Mailing Address <b>101 NW 75TH STREET SUITE 1 GAINESVILLE FL 32607</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-3487471</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**RIK TENAFIA CAM ACTION REALTY**  
~~6110-B-NW-1T-PL~~  
**GAINESVILLE FL 32607**

7. Name and Address of New Registered Agent  
 Name **Action Realty**  
 Street Address (P.O. Box Number is Not Acceptable) **6110-B NW 1st Place**  
 City **Gainesville** FL Zip Code **32607**

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 *Rik Tenaglia Cam R Tenaglia* DATE 1-14-2002  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PSD SPERONIS, PETER 8018 SW 63RD LANE GAINESVILLE FL 32607 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, GREG 6111 SW 85TH ST GAINESVILLE FL 32608 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, SUSAN MILLER 8304 SW 62 LANE GAINESVILLE FL 32608 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASMAR, PHIL 5829 SW 86TH ST GAINESVILLE FL 32608 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, LISA 5725 SW 86TH DR GAINESVILLE FL 32608 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Derek Cantrell 6201 SW 85th St. Gainesville, FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Margaret Marcus 6248 SW 85th St. Gainesville, FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE 2/28/02 DAYTIME PHONE # 352-331-1133  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)