2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SAME THAT MED TYPED OR PRINTED HANDON SIGNAL OF ICER OR DIRECTOR

Mar 19, 2007 08:00 AM DOCUMENT # P02000086678 **Secretary of State** 1. Entity Namo HANEY FARMS HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 21711 144TH STREET LIVE OAK FL 32060 21711 144TH STREET LIVE OAK FL 32060 I PERVIOREN ODINE NUN EKKI FORM FORM EN DI INDI DIVID DIR GORIL DERDA DERDA DERDA DER 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 86-1055386 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Dosirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HANEY, JOHN T JR 21711 144TH STREET Stroet Address (P.O. Box Number is Not Acceptable) LIVE OAK FL 32060 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or privileg name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 20110 Defete 11116 ☐ Change ☐ Addition HANEY, JOHN T JR NAME NAMI 21711 144TH STREET STREET ADDRESS STREET ADDRESS U000000673020 LIVE OAK FL 32060 CITY-ST-7IP CITY ST 74P Delete TITLE ☐ Change Addition NAM NAME COME I ACCOR SS STREET ADDRESS CHY-SI-7IP CHY-SL /IP DILL Delete 11114 ☐ Change ■ Addition NAMI STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY-SI-7P HILE Delete ME Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY S1-71P CHTY - ST - ZIP Delete UNE TOTAL ☐ Change Addition NAMI STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY: S1-7IP ☐ Delete THE ☐ Change Addition NAMI STREET ADDRESS STRUCT ADDRESS CITY-ST-ZIP CITY-SI-7IP 12. I hereby certify that the information supplied with this lifting does not qualify for the exemptions contained in Section 119, 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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.

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