FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

まず、

1 (and a

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

KRAMER, ROBERT B

9404 SW 53RD LANE

9831 SW 55TH ROAD

5610 SW 88TH COURT

GAINESVILLE FL 32608

JONES, JOHN E

GAINESVILLE FL

COOPER, CLEVE

GAINESVILLE FL 32608



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000092953 (5)

HAILE PLANTATION COMMUNITY MANAGEMENT, INC.

Principal Place of Business Mailing Address 5330 SW 91ST TERRACE 5330 SW 91ST TERRACE **GAINESVILLE FL 32608** GAINESVILLE FL 32608 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/05/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 21 59-3352668 Not Applicable 26 Suite, Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zτρ Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MEDINA, RICK 5330 SW 91ST TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32608** 63 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NO1£ Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ___ DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE SALTER, JAMES D NAME 1.2 NAME 703 NE FIRST STREET STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL 32601** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition 21 TITLE TITLE WOLKING, WILLIAM NAME 2.2 NAME DEVIESE, TAYLOR 5153 SW 88TH TERRACE 8502 SW 52nd Place STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP Gainesville FL 32608

CITY-ST-ZIP s not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation or the Block 12 or Block 13 if changed, or on an

3.1 TITLE

32 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

DELETE

DELETE

DELETE

DELÉTE

SIGNATURE:

335-7848

☐ Change

Change

Change

FILED

Apr 09 1998 8:00am

Secretary of State

CR2E034 (10/97

Addition

Addition

Addition

Addition