

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90151 034 ***150.00

DOCUMENT # P95000092953

1. Corporation Name

HAILE PLANTATION COMMUNITY MANAGEMENT, INC.



Principal Place of Business

5330 SW 91ST TERRACE
GAINESVILLE FL 32608
US

Mailing Address

5330 SW 91ST TERRACE
GAINESVILLE FL 32608
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1995

4. FEI Number

59-3352668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MEDINA, RICK
5330 SW 91ST TERRACE
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name

Tracy Bair

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

5330 SW 91st Terrace

83

84 City

Gainesville

FL

85 Zip Code

32608

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit 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

Tracy Bair - Agent

4/2/99

Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DEVIESE, TAYLOR
STREET ADDRESS
8502 SW 52ND PL.
CITY-STATE-ZIP
GAINESVILLE FL 32608

TITLE ☒ DELETE

NAME
WOLKING, WILLIAM
STREET ADDRESS
5153 SW 88TH TERRACE
CITY-STATE-ZIP
GAINESVILLE FL

TITLE ☐ DELETE

NAME
KRAMER, ROBERT B
STREET ADDRESS
9404 SW 53RD LANE
CITY-STATE-ZIP
GAINESVILLE FL 32608

TITLE ☒ DELETE

NAME
JONES, JOHN E
STREET ADDRESS
9831 SW 55TH ROAD
CITY-STATE-ZIP
GAINESVILLE FL

TITLE ☐ DELETE

NAME
COOPER, CLEVE
STREET ADDRESS
5610 SW 88TH COURT
CITY-STATE-ZIP
GAINESVILLE FL 32608

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

President

Kramer, Robert

9404 SW 53rd Lane

Gainesville, Florida 32608

Vice President

Tate, Alvin

5322 SW 97th Terrace

Gainesville, Florida 32608

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert B. Kramer

4-20-99

(352)

335-7848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)