

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754394

Entity Name: HAILE PLANTATION ASSOCIATION, INC.

FILED
Mar 04, 2015
Secretary of State
CC5809981318

Current Principal Place of Business:

5208 SW 91ST DRIVE
STE D
GAINESVILLE, FL 32608

Current Mailing Address:

5208 SW 91ST DRIVE
STE D
GAINESVILLE, FL 32608

FEI Number: 59-2233496

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANAGEMENT SPECIALISTS SERVICES
5208 SW 91ST DRIVE
STE D
GAINESVILLE, FL 32608 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name WOOLFSTEAD, KAREN
Address 5208 SW 91ST DRIVE, SUITE D
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name GILFILEN, MICHAEL
Address 5208 SW 91ST DRIVE
STE D
City-State-Zip: GAINESVILLE FL 32608

Title T
Name DOERR, G MICHAEL
Address 5208 SW 91ST DRIVE
STE D
City-State-Zip: GAINESVILLE FL 32608

Title S
Name PARKER, GLORIA
Address 5208 SW 91ST DRIVE, SUITE D
City-State-Zip: GAINESVILLE FL 32608

Title D
Name JOHNSON, DALE
Address 5208 SW 91ST DRIVE, SUITE D
City-State-Zip: GAINESVILLE FL 32608

Title D
Name ESTERMAN, REGINA
Address 5208 SW 91ST DRIVE
STE D
City-State-Zip: GAINESVILLE FL 32608

Title VP
Name WHITE, JOHN W
Address 5208 SW 91ST DRIVE
STE D
City-State-Zip: GAINESVILLE FL 32608

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN WOOLFSTEAD

AGENT

03/04/2015

Electronic Signature of Signing Officer/Director Detail

Date