

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90037 041 \*\*\*\*61.25

**DOCUMENT # 727620**

1. Entity Name  
**LA HACIENDA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**WANEK PROPERTY MANAGEMENT  
2155 NE COACHMAN RD  
CLEARWATER FL 33765**

Mailing Address  
**WANEK PROPERTY MANAGEMENT  
2155 NE COACHMAN RD  
CLEARWATER FL 33765  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-1620981**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**WANEK PROPERTY MANAGEMENT  
2155 NE COACHMAN RD  
CLEARWATER FL 33765**

**7. Name and Address of New Registered Agent**

Name

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

City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>IZZOLO, JOHN</b>	
STREET ADDRESS	<b>827-B E GULF BLVD</b>	
CITY-ST-ZIP	<b>INDIAN ROCKS BEACH FL 33785</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FAEHRER, MICHAEL</b>	
STREET ADDRESS	<b>825-A E GULF BLVD</b>	
CITY-ST-ZIP	<b>INDIAN ROCKS BEACH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CHACONAS, CHRIS</b>	
STREET ADDRESS	<b>827-A EAST GULF BLVD</b>	
CITY-ST-ZIP	<b>INDIAN ROCKS BEACH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OXLEY, JEAN</b>	
STREET ADDRESS	<b>831-A E. GULF BLVD.</b>	
CITY-ST-ZIP	<b>INDIAN ROCKS BCH FL</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **JOHN IZZOLO** *REQUIRED*  **727-967-3332**

CP2E037 (10/02)