

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED  
AND  
FILED

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:15

DOCUMENT # **727717** (1)

1. Corporation Name  
**HACIENDA DEL SOL II ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**4301 S. ATLANTIC AVE. NEW SMYRNA BEACH FL 32169-4026**

3. Date Incorporated or Qualified **10/10/1973**  
3a. Date of Last Report **05/20/1994**  
4. FEI Number **59-1502532**  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under G. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
~~FERREKLL, MARIE  
4301 S. ATLANTIC AVE. APT. 305  
NEW SMYRNA FL 32169~~

10. Name and Address of New Registered Agent  
81 Name **ELBERT R. BOWEN**  
82 Street Address (P.O. Box Number is Not Acceptable) **4301 S. ATLANTIC AVE**  
83  
84 City **NEW SMYRNA BEACH FL** 85 Zip Code **32169**

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: *Elbert R. Bowen* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<del>P</del>
NAME	<del>MCNEAL, KARL</del>
STREET ADDRESS	<del>31 SORRENTO CIRCLE</del>
CITY - ST - ZIP	<del>WINTER PARK FL</del>
TITLE	<del>S</del>
NAME	<del>MCNEAL, BARBARA</del>
STREET ADDRESS	<del>31 SORRENTO CIRCLE</del>
CITY - ST - ZIP	<del>WINTER PARK FL</del>
TITLE	<del>VP</del>
NAME	<del>PRETSCH, ERNEST</del>
STREET ADDRESS	<del>6050 JAMESTOWN PARK</del>
CITY - ST - ZIP	<del>ORLANDO FL</del>
TITLE	<del>TD</del>
NAME	<del>FERRELL, MARIE</del>
STREET ADDRESS	<del>4301 S. ATLANTIC AVE. APT. 305</del>
CITY - ST - ZIP	<del>NEW SMYRNA BEACH FL 32169</del>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PRETSCH, ERNEST</b>	
1.3 STREET ADDRESS	<b>6050 JAMESTOWN PK.</b>	
1.4 CITY - ST - ZIP	<b>ORLANDO, FL</b>	
2.1 TITLE	<b>S/T D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BOWEN, ELBERT</b>	
2.3 STREET ADDRESS	<b>4301 S. ATLANTIC</b>	
2.4 CITY - ST - ZIP	<b>NEW SMYRNA BEACH, FL 32169</b>	
3.1 TITLE	<b>VP D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>ROGERS, GEORGE</b>	
3.3 STREET ADDRESS	<b>9491 BELMONT TERRACE</b>	
3.4 CITY - ST - ZIP	<b>OVIEDO, FL 32765</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or as an addition with an address.

SIGNATURE: *Elbert R. Bowen* Date: **4/19/95** System Number: **904 427 5031**

REMITTED BY MAY 1