


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 727717 (1)
 1. Corporation Name
HACIENDA DEL SOL II ASSOCIATION, INC.



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

3. Date Incorporated or Qualified 10/10/1973	
4. FEI Number 59-1502532	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**BOWEN, ELBERT R.
 4301 S ATLANTIC AVE.
 NEW SMYRNA FL 32169**

10. Name and Address of New Registered Agent

81 Name PAT WRIGHT	
82 Street Address (P.O. Box Number is Not Acceptable) 1333 MARKEL DR	
83 WINTER GARDEN	
84 City	85 Zip Code FL 32787

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	PRETSCH, ERNEST 6050 JAMESTOWN PK. ORLANDO FL	<input type="checkbox"/> DELETE	
TITLE SDT	BOWEN, ELBERT 4301 S. ATLANTIC NEW SMYRNA BEACH FL	<input checked="" type="checkbox"/> DELETE	
TITLE DV	ROGERS, GEORGE 9491 BELMONT TERRACE OVIEDO FL	<input checked="" type="checkbox"/> DELETE	
TITLE TD	WILBURN, PEGGY 4301 SOUTH ATLANTIC AVENUE, # 507 NEW SMYRNA BEACH FL	<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	

1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME MENEAL, BARBARA	
1.3 STREET ADDRESS 2307 SUN VALLEY CIR LN	
1.4 CITY-ST-ZIP WINTER PARK FL 32792	
2.1 TITLE NDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME WRIGHT, PAT	
2.3 STREET ADDRESS 1333 MARKEL DR	
2.4 CITY-ST-ZIP WINTER GARDEN FL 32787	
3.1 TITLE ND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME O'DONNELL JIM	
3.3 STREET ADDRESS 103 WOOD LAKE CT	
3.4 CITY-ST-ZIP DAYTONA BEACH FL 32119	
4.1 TITLE M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME KANE MADONNA	
4.3 STREET ADDRESS 4301 S ATLANTIC	
4.4 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE: *[Signature]* **2-23-98**

CR2E037 (10/97)