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**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90094 009 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 727717**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

10/10/1973

4. FEI Number

59-1502532

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

9. Name and Address of Current Registered Agent

**WRIGHT, PAT**  
**1333 MARKEL DRIVE**  
**WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE

NAME **PRETSCH, ERNEST**  
 STREET ADDRESS **6050 JAMESTOWN PK.**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE DT  DELETE

NAME **WRIGHT, PAT**  
 STREET ADDRESS **1333 MARKEL DRIVE**  
 CITY-ST-ZIP **WINTER GARDEN FL 34781**

TITLE DV  DELETE

NAME **O'DONNELL, JIM**  
 STREET ADDRESS **103 WOOD IBIS CT**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE TD  DELETE

NAME **WILBURN, PEGGY**  
 STREET ADDRESS **4301 SOUTH ATLANTIC AVENUE, # 507**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE D  DELETE

NAME **MCNEAL, BARBARA**  
 STREET ADDRESS **2307 SUN VALLEY CIRCLE**  
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE M  DELETE

NAME **KANE, MADONNA**  
 STREET ADDRESS **4301 S. ATLANTIC**  
 CITY-ST-ZIP **NEW SMYRNA FL 32169**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**DV**  
**MATTHEWS, WAYNE**  
**609 MARNER WAY**  
**ANTAUQUETE SPRINGS FL 32701**

**TD**  
**DON MILLER**  
**3915 SCHOONER RIDGE**  
**ALPHARETTA GA 30202**

**D**  
**JAMES W SMITH**  
**466 BOWELLE DR # 103**  
**NEW SMYRNA BEACH FL 32169**

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

1-18-99

(904) 427-5031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)