

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727717

1. Entity Name

HACIENDA DEL SOL II ASSOCIATION, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90124 030 ****61.25

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1502532	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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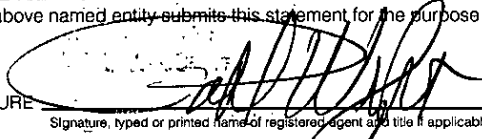
6. Name and Address of Current Registered Agent

WRIGHT, PAT
1333 MARKEL DRIVE
WINTER GARDEN FL 34787

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.

SIGNATURE  DATE **7/8/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PRETSCH, ERNEST	
STREET ADDRESS	6050 JAMESTOWN PK.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WRIGHT, PAT	
STREET ADDRESS	1333 MARKEL DRIVE	
CITY-ST-ZIP	WINTER GARDEN FL 34781	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MATTHEWS, WAYNE	
STREET ADDRESS	609 MARINER WAY	
CITY-ST-ZIP	ARTAMONTE SORINGS FL 32701	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MILLER, DON	
STREET ADDRESS	3915 SCHONNER RIDGE	
CITY-ST-ZIP	ALPHARETTA GA 32701	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JAMES W	
STREET ADDRESS	466 BOUCHELLE DR 30202	
CITY-ST-ZIP	NEW BEACH FL 32169	
TITLE	M	<input type="checkbox"/> Delete
NAME	KANE, MADONNA	
STREET ADDRESS	4301 S. ATLANTIC	
CITY-ST-ZIP	NEW SMYRNA FL 32169	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	

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 empowerings.

SIGNATURE:  **Ernest Pretsch**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____