

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 11, 2005
Secretary of State

DOCUMENT# 727717

Entity Name: HACIENDA DEL SOL II ASSOCIATION, INC.

Current Principal Place of Business:

4301 S. ATLANTIC AVE.
NEW SMYRNA BEACH, FL 321694026

New Principal Place of Business:

Current Mailing Address:

4301 S. ATLANTIC AVE.
NEW SMYRNA BEACH, FL 321694026

New Mailing Address:

FEI Number: 59-1502532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, HELEN
4301 S ATLANTIC AVE.
#104
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

VICKREY, GARY
4301 S ATLANTIC AVE., #104
NEW SMYRNA BEACH, FL 32169 US

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: GARY VICKREY 10/11/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

- Title: P () Delete
Name: PETKUS, EDWARD
Address: 4311 NW 36TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605
- Title: VP () Delete
Name: REGAN, DONALD
Address: P. O. BOX 2158
City-St-Zip: OCEAN BLUFF, MA 02065
- Title: S () Delete
Name: BARNETTE, PAMELA
Address: 4301 S. ATLANTIC AVE. #301
City-St-Zip: NEW SMYRNA BEACH, FL 32169
- Title: T () Delete
Name: MINK, SUE
Address: 1066 CHERRY CREEK DRIVE
City-St-Zip: VALDOSTA, GA 31605
- Title: D () Delete
Name: CHIPPINDALE, KEVIN
Address: 710 DELANEY AVE.
City-St-Zip: ORLANDO, FL 32801
- Title: D () Delete
Name: MCNEAL, KARL
Address: 4301 S. ATLANTIC AVENUE SUITE 410
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

- Title: P (X) Change () Addition
Name: FORBES, ROBERT
Address: 302 HEATHERWOOD CT.
City-St-Zip: WINTER SPRINGS, FL 32708
- Title: VP (X) Change () Addition
Name: KUCZYNSKI, ED
Address: 6650 SHENANDOAH
City-St-Zip: ALLEN PARK, MI 48101
- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT FORBES P 10/11/2005
Electronic Signature of Signing Officer or Director Date