

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727717

FILED  
Jan 15, 2009  
Secretary of State

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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: DUMONT, KEN  
Address: 4301 SOUTH ATLANTIC AVE. #405  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP      ( ) Delete  
Name: DEE, ROBERT  
Address: 4301 S. ATLANTIC AVE. #404  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S      ( ) Delete  
Name: BARNETTE, PAMELA  
Address: 4301 S. ATLANTIC AVE. #301  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T      ( ) Delete  
Name: BETZ, NANCY  
Address: 4301 S. ATLANTIC AVE. #506  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D      ( ) Delete  
Name: CHIPPINDALE, KEVIN  
Address: 4301 S. ATLANTIC AVE. #312  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D      ( ) Delete  
Name: JEWELL, RALPH  
Address: 4301 S. ATLANTIC AVE. #413  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 exemption stated in Chapter 119, 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: KEN DUMONT

P

01/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date