

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727717

FILED
Jan 07, 2012
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
Name: JEWELL, RALPH
Address: 4301 SOUTH ATLANTIC AVE. #413
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP
Name: JOHNSON, MERRICK
Address: 4301 S. ATLANTIC AVE. #406
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S
Name: MCGUINNESS, GREG
Address: 4301 S. ATLANTIC AVE. #112
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T
Name: LANE, JIM
Address: 4301 S. ATLANTIC AVE. #217
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D
Name: DUMONT, KEN
Address: 4301 S. ATLANTIC AVE. #405
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D
Name: LANE, RUTH
Address: 4301 S. ATLANTIC AVE. #109
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby 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 all other like empowered.

SIGNATURE: RALPH JEWELL

P

01/07/2012

Electronic Signature of Signing Officer or Director

_____ Date