

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90448 048 ****66.25

0002165

DOCUMENT # 727717

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1502532**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUADALUPE, JORGE
4301 S ATLANTIC AVENUE
#315
NEW SMYRNA BEACH FL 32-1692**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jorge Guadalupe

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	FINKAY, JOHN	
STREET ADDRESS	442 WEKIVA COVE RD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHEELER, GINN	
STREET ADDRESS	1411 S GRANT STREET	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, BEVERLY	
STREET ADDRESS	1411 S GRANT STREET	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAKE, CLAYTON	
STREET ADDRESS	4301 S ATLANTIC AVENUE #506	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWITZER, MANCIA	
STREET ADDRESS	200 SPRINGSIDE ROAD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	HAVEY, HELEN C	
STREET ADDRESS	4301 S ATLANTIC AVENUE #104	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	

TITLE	President D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Sandra Christensen</i>	
STREET ADDRESS	<i>5095 The Bonnet Ave.</i>	
CITY-ST-ZIP	<i>Orlando, FL 32808</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>President Beverly Campbell</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Beverly Campbell</i>	
STREET ADDRESS	<i>1411 S. Grant St.</i>	
CITY-ST-ZIP	<i>Longwood, FL 32750</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Paul Mc Neal</i>	
STREET ADDRESS	<i>4301 S. Atlantic Ave. #410</i>	
CITY-ST-ZIP	<i>New Smyrna Beach FL 32169</i>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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 empowered.

SIGNATURE:

Jorge Guadalupe

4/7/03 (386) 927-5031

CR2E037 (10/02)

attachment

#727717

11001775

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Guadalupe, Jorge
4301 S. Atlantic Avenue
#315
New Smyrna Beach, FL 32169