FILE NOW: FILING FEE IS \$61.25

NONPROFIT



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1996				Sandra B. M Secretary of DIVISION OF COR			DNS				
DOCU 1. Corporation	MENT on Name	# 7607 9	97	(1)							
HACIE	ENDA VILLA	ige homeown	iers as	SSOCIATION, INC) .				u 1861 GJAN AJAN	IIRIL GAĞLI	81811 8/8 11 1861
Principal Plac	ce of Business		М	ailing Address						1911 91911	
	ENDA EAST BL RINGS FL 3392			27820 Hacienda east Bonita springs fl 33							
								3. Date Incorporated or Qualified 11/23/1981	3a. Date	of Last 2/06/1	Report 995
2. Principal F	Place of Busine	SS	—	2a. Mailing Address				4. FEI Number 59-2159405	I		Applied For
Suite, Apt	. #, etc.		26	Suite, Apt. #, etc.	1-1-12			Certificate of Status Desired		\$8.75	Not Applicable Additional
City & Sta			27	City & State					<u> </u>		Required
23			28	Only & Otale				 Election Campaign Financing Trust Fund Contribution 			May Be d to Fees
Zip 24	" [Country 25	29	Zip	30 Cou	intry	,	8. This corporation has liability for	intangible tax u	under s.	
	9. Name	and Address of Cur	rent Regis	stered Agent				10. Name and Address of New I			
1000	141150					81	Name				
LORD,	JAMES E HACIENDA	BLVD 3360				82	Street Add	iress (P.O. Box Number is Not Acceptal	ole)		
	A SPRINGS F					83					
20											
						84	City		FL	85 Zip	Code
 Pursuant or registe 	t to the provision	ns of Sections 617.05	502 and 61 Jorida, Such	7.1508, Florida Statutes	s, the abo	ve-n	named corpo	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of chang	ing its re	egistered offic
familiar w	with, and accept	the obligations of, Se	ection 617	0503 Florida Statutes.						,	agont. / am
SIGNATURE	Signatu	printed name of registered as	ow K an Julie if	anolicable. [NOT	E: Registered	I Agen	I signature requir	ed when reinstating)	2-14	-46	·
12.		OFFICERS		CTORS	13.			ADDITIONS/CHANGES TO OF	ICERS AND D	IRECTO	RS IN 12
TITLE	PC LOND II	MEG		DELETE	1.1 Ti					Change	Addition
NAME	LORD, J	HACIENDA BLVD	2260		1.2 N		}				
STREET ADDRESS		SPRINGS FL	3200				ADDRESS				
C:TY-ST-ZIP TITLE	DOMIN	0111110012		DELETE	1.4 C	TY+S	I - ZIP		П	Change	Addition
NAME	1 -	ROBERT			2.2 N				<u></u>		
STREET ADDRESS		ACIENDA E BLVD	222-D				ADDRESS				
CITY-ST-ZIP		SPRINGS FL			2.40	HTY-S	ST - ZIP				
TITLE	ST			DELETE	3.1 Ti					Change	Addition
NAME	MCCRAC		. D		3.2 N	AME					
STREET ADDRESS	·	HACIENDA BL 22	טט		3.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	D	SPRINGS FL		DELETE			T-ZIP			Change	T Asses
TITLE NAME	COHAN,	F.		Dietere	4.1 TI 4. 2 N				LJ	PHENGE	☐ Addition
STREET ADDRESS	07700 F	HACIENDA BL206	-A				ADDRESS				
CITY-ST-ZIP		SPRINGS FL				ITY-S					
THILE	T			DELETE	5.1 1		, 211			Change	Addition
NAME					5.2 N	AME				_	
STREET ADDRESS	6				5.3 S	TREET.	ADDRESS				
CITY-SI-ZIP	<u> </u>				5.4 C	ITY-S	T-2IP				
TITLE				DELETE	6.1 TI	TLE	7			Change	Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 13 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP