

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 27 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N96000000926 (3)**  
1. Corporation Name  
**THE HACIENDA, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>225 WAYMAN ST.<br/>LONGWOOD FL 32750</b> | Mailing Address<br><b>237 FERNWOOD BLVD.<br/>FERN PARK FL 32730</b> |
|--|---|

3. Date Incorporated or Qualified  
**02/19/1996**

4. FEI Number  
**59-3380880**

Applied For  
 Not Applicable

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**PURCELL, ANN  
828 TUSCARORA TRAIL 1  
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          | <b>PD PRESIDENT</b>               | <input type="checkbox"/> DELETE            |
| NAME           | <b>PURCELL, ANN</b>               |  |
| STREET ADDRESS | <b>828 TUSCARORA TRAIL</b>        |  |
| CITY-ST-ZIP    | <b>MAITLAND FL 32751</b>          |  |
| TITLE          | <b>D</b>                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>COLLINS, JACQUELINE</b>        |  |
| STREET ADDRESS | <b>500 GOLF TERRACE LANE #200</b> |  |
| CITY-ST-ZIP    | <b>LONGWOOD FL 32779</b>          |  |
| TITLE          | <b>STD SECRETARY</b>              | <input type="checkbox"/> DELETE            |
| NAME           | <b>BEAL, KAREN</b>                |  |
| STREET ADDRESS | <b>200 N. CORTEZ AVE.</b>         |  |
| CITY-ST-ZIP    | <b>WINTER SPRINGS FL 32708</b>    |  |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> DELETE            |
| NAME           | <b>GONZALEZ, WILLIAM DR.</b>      |  |
| STREET ADDRESS | <b>676 HOLBROOK CIRCLE</b>        |  |
| CITY-ST-ZIP    | <b>LAKE MARY FL 32746</b>         |  |
| TITLE          |                                   | <input type="checkbox"/> DELETE            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> DELETE            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                             |  |
|--------------------|-----------------------------|--|
| 1.1 TITLE          | <b>ND</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>LINDA Phipps</b>         |  |
| 1.3 STREET ADDRESS | <b>4261 Fox Hollow CR</b>   |  |
| 1.4 CITY-ST-ZIP    | <b>CASSELBERRY FL 32707</b> |  |
| 2.1 TITLE          | <b>Jay Manuel Acevedo D</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>1101 WEST FIRST ST</b>   |  |
| 2.3 STREET ADDRESS | <b>SANFORD, FL 32771</b>    |  |
| 2.4 CITY-ST-ZIP    |                             |  |
| 3.1 TITLE          | <b>PAT GASTI D</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           | <b>3322 GREAT BEAR SCH</b>  |  |
| 3.3 STREET ADDRESS | <b>ORLANDO, FL 32810</b>    |  |
| 3.4 CITY-ST-ZIP    |                             |  |
| 4.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                             |  |
| 4.3 STREET ADDRESS |                             |  |
| 4.4 CITY-ST-ZIP    |                             |  |
| 5.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                             |  |
| 5.3 STREET ADDRESS |                             |  |
| 5.4 CITY-ST-ZIP    |                             |  |
| 6.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                             |  |
| 6.3 STREET ADDRESS |                             |  |
| 6.4 CITY-ST-ZIP    |                             |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann Purcell* 3/6/98 407 647-4846

CR2E037 (1097)