2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000059586

Entity Name: HACIENDA DEL SOL II RENTAL ASSOCIATION, INC.

FILED Jun 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4301 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 **Current Mailing Address: New Mailing Address:** 4301 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 FEI Number: 04-3678726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HARVEY, HELEN VICKREY, GARY 4301 S ATLANTIC AVE. 4301 S ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 32169 US US 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: GARY VICKREY 06/02/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FORBES, ROBERT Name: Name: 302 HEATHERWOOD CT. Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: Title: () Delete (X) Change () Addition CHIPPINDALE, KEVIN Name: Name: CHIPPINDALE, KEVIN 710 DELANEY AVE 710 DELANEY AVE. Address: Address: ORLANDO, FL 32801 ORLANDO, FL 32801 City-St-Zip: City-St-Zip: (X) Change () Addition Title: () Delete Title: BV HARVEY, HELEN VICKREY, GARY Name: Name: 4301 S ATLANTIC AVE UNIT 104 4301 S ATLANTIC AVE UNIT 104 Address: Address: NEW SMYRNA BEACH, FL 32169 City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: Title: () Delete Title: () Change () Addition BARNETTE, PAMELA Name: Name: Address: 4301 S. ATLANTIC AVE. #301 Address: City-St-Zip: City-St-Zip: NEW SMYRNA BEACH, FL 32169 Title: Title: () Delete (X) Change () Addition Name: MINK, SUE Name: MINK, SUE 1066 CHERRY CREEK DR. Address: 1066 CHERRY CREEK DR. Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

VALDOSTA, GA 31605

SIGNATURE: GARY VICKREY BV 06/02/2005

City-St-Zip:

VALDOSTA, GA 31605