2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059586

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

FILED Jan 05, 2008 Secretary of State

4301 S ATL NEW SMYF	incipal Place ANTIC AVE RNA BEACH, F	FL 32169		New Principal Place of Business: New Mailing Address:		
4301 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169						
FEI Number: (04-3678726	FEI Number Applied For () FE	l Number Not Appli	cable () Cert	tificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
VICKREY, GARY 4301 S ATLANTIC AVE., #104 NEW SMYRNA BEACH, FL 32169 US			4301 S AŤL	VICKREY, GARY 4301 S ATLANTIC AVE. #104 NEW SMYRNA BEACH, FL 32169 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:				01/05/2008		
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () CHIPPINDALE, F 710 DELANEY A ORLANDA, FL 3	VE	Title: Name: Address: City-St-Zip:	P (X) Char CHIPPINDALE, KEVII 4301 S. ATLANTIC A' NEW SMYRNA BEAC	VE. #312	
Title: Name: Address: City-St-Zip:	BARNETTE, PAN 4301 S ATLANTI		Title: Name: Address: City-St-Zip:	V (X) Char BARNETTE, PAMELA 4301 S ATLANTIC AV NEW SMYRNA BEAC	/E. #301	
Title: Name: Address: City-St-Zip:	S () GOEB, LAURA 300 OAK ESTAT ORLANDO, FL		Title: Name: Address: City-St-Zip:	S (X) Char GOEB, LAURA 4301 S. ATLANTIC A' NEW SMYRNA BEAC		
Title: Name: Address: City-St-Zip:	T () MINK, SUE 1066 CHERRY O VALDOSTA, GA		Title: Name: Address: City-St-Zip:	T (X) Char BETZ, NANCY 4301 S. ATLANTIC A' NEW SMYRNA BEAC		
Title: Name: Address: City-St-Zip:	VICKREY, GARY 4301 SOUTH AT	Delete , LANTIC AVE., #104 BEACH, FL 32169	Title: Name: Address: City-St-Zip:	BV (X) Char VICKREY, GARY 4301 SOUTH ATLAN NEW SMYRNA BEAC		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: GARY VICKREY RA 01/05/2008