

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059586

FILED
Jan 15, 2009
Secretary of State

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

Current Principal Place of Business:

4301 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

4301 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 04-3678726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICKREY, GARY
4301 S ATLANTIC AVE. #104
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHIPPINDALE, KEVIN
Address: 4301 S. ATLANTIC AVE. #312
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: V () Delete
Name: BARNETTE, PAMELA
Address: 4301 S ATLANTIC AVE. #301
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S () Delete
Name: GOEB, LAURA
Address: 4301 S. ATLANTIC AVE. #502
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T () Delete
Name: BETZ, NANCY
Address: 4301 S. ATLANTIC AVE. #506
City-St-Zip: NEW SMYRNA BEACH, FL 31605

Title: BV () Delete
Name: VICKREY, GARY
Address: 4301 SOUTH ATLANTIC AVE. #104
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

BV

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date