

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2003 8:00 am
Secretary of State

04-28-2003 91446 047 ***158.75

DOCUMENT # **P02000059586**

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



Principal Place of Business
**4301 S ATLANTIC AVE
NEW SMYRNA BEACH FL 32169**

Mailing Address
**4301 S ATLANTIC AVE
NEW SMYRNA BEACH FL 32169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3628726

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KOSMAS, JAMES M
111 LIVE OAK STREET
NEW SMYRNA BEACH FL 32168**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** Delete
NAME **FINKAY, JOHN**
STREET ADDRESS **442 WEKVA COVE ROAD**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** Delete
NAME **GUADALUPE, GEORGE**
STREET ADDRESS **4301 S ATLANTIC AVE UNIT 315**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **D** Delete
NAME **MCNEAL, CARL**
STREET ADDRESS **4301 S ATLANTIC AVE UNIT 315**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **D** Delete
NAME **HARVEY, HELEN**
STREET ADDRESS **4301 S ATLANTIC AVE UNIT 315**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **D** Delete
NAME **BLAKE, CLAYTON**
STREET ADDRESS **4301 S ATLANTIC AVE UNIT 506**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **D** Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Change Addition
NAME **Beverly Campbell**
STREET ADDRESS **1411 S. Grant St.**
CITY-ST-ZIP **Longwood, FL 32750**

TITLE **D** Change Addition
NAME **Guadalupe Lopez**
STREET ADDRESS **4301 S Atlantic Ave Unit 315**
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE **D** Change Addition
NAME **McNeal, Carl**
STREET ADDRESS **4301 S. Atlantic Ave. Unit 315**
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Change Addition
NAME **Marcia Switzer**
STREET ADDRESS **1249 SW. Alhambra Loop**
CITY-ST-ZIP **Heathrow, FL 32746**

12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

44003885



PO2000059586

D
Christensen, Sandra
5095 Neponset Ave.
Orlando, FL 32808