

FILED
Jul 18, 2002 8:00 am
Secretary of State

05-28-2002 91732 033 ***61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT-# 727717

1. Entity Name

HACIENDA DEL SOL II ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4301 S. ATLANTIC AVE.
NEW SMYRNA BEACH FL 32169-4026

4301 S. ATLANTIC AVE.
NEW SMYRNA BEACH FL 32169-4026

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

59-1502532

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

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.

SIGNATURE

(NOTE: Registered Agent signature required when changing)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DV
NAME FINKAY, JOHN
STREET ADDRESS 442 WEKIVA COVE RD
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE
NAME JOHN B. FINKAY
STREET ADDRESS 442 WEKIVA COVE RD
CITY-ST-ZIP LONGWOOD, FL 32779 ☐ Change ☐ Addition

TITLE DT
NAME WRIGHT, PAT
STREET ADDRESS 1333 MARKEL DRIVE
CITY-ST-ZIP WINTER GARDEN FL 34781 ☒ Delete

TITLE
NAME LINN WHEAT
STREET ADDRESS 1411 S. GRANT ST
CITY-ST-ZIP Longwood FL 32720 ☐ Change ☒ Addition

TITLE DV
NAME MATTHEWS, WAYNE
STREET ADDRESS 609 MARINER WAY
CITY-ST-ZIP ARTAMONTE SPRINGS FL 32701 ☒ Delete

TITLE
NAME BEVERLY CAMPBELL
STREET ADDRESS 1411 S. GRANT STREET
CITY-ST-ZIP Longwood, FL 32720 ☐ Change ☒ Addition

TITLE TD
NAME MILLER, DON
STREET ADDRESS 3915 SCHONNER RIDGE
CITY-ST-ZIP ALPHARETTA GA 32701 ☒ Delete

TITLE
NAME CLAYTON BLAKE
STREET ADDRESS 4301 S. ATLANTIC AVE APOB D
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 ☐ Change ☒ Addition

TITLE D
NAME SMITH, JAMES W
STREET ADDRESS 468 BOUCHELLE DR 30202
CITY-ST-ZIP NEW BEACH FL 32169 ☒ Delete

TITLE
NAME MARCIA SWITZER
STREET ADDRESS 200 SPRINGSIDE ROAD
CITY-ST-ZIP Longwood FL 32779 ☐ Change ☒ Addition

TITLE M
NAME KANE, MADONNA
STREET ADDRESS 4301 S. ATLANTIC
CITY-ST-ZIP NEW SMYRNA FL 32169 ☒ Delete

TITLE
NAME HELEN L. HAWK
STREET ADDRESS 4301 S. ATLANTIC AVE APOB
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 ☐ Change ☒ Addition

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 647, 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 SIGNER OFFICER OR DIRECTOR

HELEN L. HAWK 4/26/02 (356) 427-5031

Daytime Phone