#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 727717** 

Entity Name: HACIENDA DEL SOL II ASSOCIATION, INC.

FILED
Jan 09, 2016
Secretary of State
CC2216804934

### **Current Principal Place of Business:**

4301 S. ATLANTIC AVE.

NEW SMYRNA BEACH. FL 32169-4026

## **Current Mailing Address:**

4301 S. ATLANTIC AVE.

NEW SMYRNA BEACH. FL 32169-4026

FEI Number: 59-1502532 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

TitlePRESIDENTTitleDIRECTORNameDUMONT, KENNameGOEB, BRAD

Address 4301 S. ATLANTIC AVE #405 Address 4301 S. ATLANTIC AVE. #407

City-State-Zip: NEW SMYRNA BEACH FL 32169 City-State-Zip: NEW SMYRNA BEACH FL 32169

Title VP Title TREASURER
Name MCGUINNESS, GREG Name LANE, JIM

Address 4301 S. ATLANTIC AVE. #112 Address 4301 S. ATLANTIC AVE. #217

City-State-Zip: NEW SMYRNA BEACH FL 32169 City-State-Zip: NEW SMYRNA BEACH FL 32169

Title SECRETARY Title DIRECTOR

Name CRAIG, LISA Name LANE, RUTH

Address 4301 S. ATLANTIC AVE. #404 Address 4301 S. ATLANTIC AVE. #109

City-State-Zip: NEW SMYRNA BEACH FL 32169 City-State-Zip: NEW SMYRNA BEACH FL 32169

Title DIRECTOR

Name CHIPPINDALE, KEVIN

Address 4301 S ATLANTIC AVE, #312
City-State-Zip: NEW SMYRNA BEACH FL 32169

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEN DUMONT P