

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727717

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

**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 :**

Title            PRESIDENT  
Name            DUMONT, KEN  
Address        4301 S. ATLANTIC AVE #405  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title            DIRECTOR  
Name            ROBERTS , JAMES  
Address        4301 S. ATLANTIC AVE. #502  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title            VP  
Name            MCGUINNESS, GREG  
Address        4301 S. ATLANTIC AVE. #112  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title            TREASURER  
Name            LANE, JIM  
Address        4301 S. ATLANTIC AVE. #217  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title            SECRETARY  
Name            CRAIG, LISA  
Address        4301 S. ATLANTIC AVE. #404  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title            DIRECTOR  
Name            LANE, RUTH  
Address        4301 S. ATLANTIC AVE. #109  
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

01/15/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date