

2024 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
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title TREASURER
Name BRAMUCHI, JOSEPH
Address 4301 S. ATLANTIC AVE.
City-State-Zip: NEW SMYRNA BEACH FL 32169

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

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

Title DIRECTOR
Name SHERRY, CHAPPELL
Address 4301 S. ATLANTIC AVE.
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title DIRECTOR
Name GOEB, LAURA
Address 4301 S. ATLANTIC AVE.
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title DIRECTOR
Name LANE, RUTH
Address 4301 S. ATLANTIC AVE.
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****01/04/2024**

Electronic Signature of Signing Officer/Director Detail

Date