

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

DOCUMENT# N96000000926

**Entity Name:** THE HACIENDA, INC.

**Current Principal Place of Business:**

225 WAYMAN ST.  
LONGWOOD, FL 32750

**Current Mailing Address:**

342 KIMI CT  
CASSELBERRY, FL 32707 US

**FEI Number:** 59-3380880

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GRIFFITHS, SCOTT  
237 FERNWOOD BLVD.  
FERN PARK, FL 32730 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:** SCOTT GRIFFITHS

04/14/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GREGORY, LINDA  
Address        10240 HOOD COURT  
City-State-Zip: JACKSONVILLE FL 32257

Title            DIRECTOR  
Name            LEMMA, DENNIS  
Address        100 BUSH BLVD  
City-State-Zip: SANFORD FL 32773

Title            TREASURER, SECRETARY  
Name            FOY, BARBARA  
Address        114 CHANEY DRIVE  
City-State-Zip: CASSELBERRY FL 32707

Title            DIRECTOR  
Name            FUNNYE, JASMIN  
Address        910 N JERICHO DRIVE  
City-State-Zip: CASSELBERRY FL 32707

Title            DIRECTOR  
Name            WESTHEAD-TONNER, VALERIE  
Address        237 FERNWOOD BLVD  
City-State-Zip: FERN PARK FL 32713

Title            DIRECTOR  
Name            ROBERTSON, ASHLEY  
Address        237 FERNWOOD. BLVD  
City-State-Zip: FERN PARK FL 32730

*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:** LINDA GREGORY

**PRESIDENT**

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date