

**2013 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:**

237 FERNWOOD BLVD.  
FERN PARK, FL 32730

**FEI Number:** 59-3380880

**Certificate of Status Desired:** Yes

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

FOY, BARBARA  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name LINK, MARIANNE  
Address 1800 MERCY DRIVE  
City-State-Zip: ORLANDO FL 32808

Title TS  
Name GRIFFITHS, SCOTT  
Address 237 FERNWOOD BLVD  
City-State-Zip: FERN PARK FL 32730

Title DIRECTOR  
Name BARRON, DWIGHT  
Address 200 GREEN LAKE CIRCLE  
City-State-Zip: LONGWOOD FL 32779

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

Title DIRECTOR  
Name DREGGORS, WAYNE  
Address 528 W. UNIVERSITY AVE.  
City-State-Zip: DELAND FL 32720

Title DIRECTOR  
Name PHILLIPS, SANDRA  
Address P.O. BOX 265  
City-State-Zip: WINTER PARK FL 32790

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

*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:** SCOTT GRIFFITHS

**TREASURY/SECRETARY**

**02/05/2013**

Electronic Signature of Signing Officer/Director Detail

Date