

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N96000000926

Entity Name: THE HACIENDA, INC.

Current Principal Place of Business:

C/O ASPIRE HEALTH PARTNERS, INC.
237 FERNWOOD BLVD STE C
FERN PARK, FL 32730

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:

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: SCOTT GRIFFITHS

07/06/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FOY, BARBARA
Address 114 CHANEY 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 DRISKELL, DEBBIE
Address 6415 TURTLEMOUND ROAD
City-State-Zip: NEW SMYRNA FL 32169

Title TREASURER
Name JONES, BETTY
Address 822 MAGNOLIA DR
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR
Name GRIFFITHS, SCOTT
Address 1710 TIMBER HILLS DRIVE
City-State-Zip: DELAND FL 32724

Title DIRECTOR
Name SCHROEDER, KATHERINE
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: BARBARA FOY

PRESIDENT

07/06/2020

Electronic Signature of Signing Officer/Director Detail

Date