

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000059586

**FILED**  
**Jan 09, 2016**  
**Secretary of State**  
**CC1005732397**

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

**Current Principal Place of Business:**

4301 S ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

4301 S ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169

**FEI Number: 04-3678726**

**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 P  
Name CHIPPINDALE, KEVIN  
Address 4301 S. ATLANTIC AVE. #312  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title VP  
Name RUTH, LANE  
Address 4301 S ATLANTIC AVE. #109  
City-State-Zip: NEW SMYRNA BEACH FL 32169

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

Title T  
Name LANE, JIM  
Address 4301 S. ATLANTIC AVE. #217  
City-State-Zip: NEW SMYRNA BEACH FL 31605

Title BV  
Name VICKREY, GARY  
Address 4301 SOUTH ATLANTIC AVE. #104  
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KEVIN CHIPPINDALE**

**P**

**01/09/2016**

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

\_\_\_\_\_  
Date