

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 587160

FILED
Mar 22, 2009
Secretary of State

Entity Name: HACIENDA DEL SOL PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5150 DEL SOL DRIVE
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 542472
MERRITT ISLAND, FL 329542472

New Mailing Address:

FEI Number: 59-1955863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRESSLER, JAMES R
110 DIXIE LANE
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURCHAM, SCOTT
Address: 180 STEWART DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD () Delete
Name: LAUZUMS, IVARS
Address: 5150 DEL SOL DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD () Delete
Name: BRESS, KARLA
Address: 5170 DEL SOL DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP () Delete
Name: LAUZUMS, IVARS
Address: 5150 DEL SOL DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: IVARS LAUZUMS

VP

03/22/2009

Electronic Signature of Signing Officer or Director

Date