

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 09, 2012
Secretary of State

DOCUMENT# 724781

Entity Name: HACIENDA DEL SOL ASSOCIATION, INC.**Current Principal Place of Business:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779**New Principal Place of Business:**4201 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169**Current Mailing Address:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779**New Mailing Address:**4201 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169**FEI Number:** 59-1454591**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 US**Name and Address of New Registered Agent:**BROWN, SCOTT
4201 SOUTH ATLANTIC AVENUE
OFFICE
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: SCOTT BROWN

08/09/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BROWN, SCOTT
Address: 4201 SOUTH ATLANTIC AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPSD
Name: HULL, MIKE
Address: 4201 SOUTH ATLANTIC AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D
Name: FELDMAN, LYN
Address: 4201 SOUTH ATLANTIC AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD
Name: BREIG, JOE
Address: 4201 SOUTH ATLANTIC AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D
Name: ST. PIERRE, CHARLIE
Address: 4201 SOUTH ATLANTIC AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D
Name: JONES, SUZETTE
Address: 4201 SOUTH ATLANTIC AVENUE
City-St-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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT BROWN

PD

08/09/2012

Electronic Signature of Signing Officer or Director

Date