2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 08, 2006 8:00 am Secretary of State **DOCUMENT # 728756** 1. Entity Name 05-08-2006 90280 002 ****61.25 HACIENDA DEL MAR CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address 200 NORTH FIRST STREET 1305 SOUTH ATLANTIC AVENUE COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State 4. FEI Number City & State Applied For 59-1733130 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIGERMUN, MARILYN A. Street Address (P.O. Box Number is Not Acceptable) 200 NORTH FIRST STREET COCOA BEACH FL 32831 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DΡ ☐ Delete TITLE ☐ Change Addition MADINA, NELLA NAME NAME 1305 S. ATLANTIC AVE STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-7IP CITY-ST-ZIP 3 3 TITLE DS Delete TITLE ☐ Change Addition Sandra Noman BROOKS, ROBERT NAME 1305 S. Atlantic Ave 1305 S. ATLANTIC AVE STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 Beuch CITY-ST-ZIP CITY-ST-ZIP TITLE DT Delete TITLE ☐ Change Addition NAME MANTEL, DEBRA STREET ADDRESS 1305 S. ATLANTIC AVE STREET ADDRESS CITY-ST-7IP COCOA BEACH FL 32931 CITY-ST-ZIP 32431 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.