

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743118

FILED
Jan 13, 2009
Secretary of State

Entity Name: HACIENDA VILLAS, INC.

Current Principal Place of Business:

1615 HACIENDA COURT
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

1615 HACIENDA COURT
TAMPA, FL 33605

New Mailing Address:

FEI Number: 59-1858924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEAR, J.R.
POST OFFICE BOX 794
ELLENTON, FL 34222 US

Name and Address of New Registered Agent:

WEAR, J.R.
2909 W. BAY TO BAY BOULEVARD
SUITE 202
TAMPA,, FL 33629 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: J R WEAR

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FERNANDEZ, HENRY J DR
Address: 1510 E PALM AVENUE
City-St-Zip: TAMPA, FL 33605

Title: VD () Delete
Name: MARTINEZ, DANIEL
Address: 1906 ST. ISABEL
City-St-Zip: TAMPA, FL 33607

Title: STD () Delete
Name: GRANDA, JOE C
Address: 21816 SAMARA DR
City-St-Zip: TAMPA, FL 33618

Title: TD () Delete
Name: FERRARO, TOM F
Address: 706 W M.L. KING BLVD
City-St-Zip: TAMPA, FL 33603

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM FERRARO

TD

01/13/2009

Electronic Signature of Signing Officer or Director

Date