


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 754434</b>		
1. Entity Name <b>THE HACIENDAS CONDOMINIUM ASSOCIATION, INC.</b>		
Principal Place of Business <b>151 CYPRESS WAY, EAST NAPLES, FL 34110</b>	Mailing Address <b>1040 6TH AVENUE, NORTH NAPLES, FL 34102</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>VALENTINI, VINCENT P 1040 6TH AVENUE, NORTH NAPLES, FL 34102</b>		01072006 No Chg-NP CR2E037 (11/05)  4. FEI Number <b>65-0233948</b>  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required  <b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  11111111418942 02/14/06-80027-017 61.25
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE	D	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	BOYCE, WALTER	
STREET ADDRESS	C/O GLADSTONE REALTY, LTD., 368 SLATER ST.	
CITY-ST-ZIP	OTTAWA, ONTARIO, CANADA, K1R5C1	
TITLE	SD	
NAME	FORESMAN, W.F.	
STREET ADDRESS	4830 PALMETTOW WOODS DR.	
CITY-ST-ZIP	NAPLES, FL 33940	
TITLE	VPD	
NAME	HESSLING, JOSEPH	
STREET ADDRESS	151 CYPRESS WAY EAST #8102	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	PD	
NAME	MERCHANT, SUSAN	
STREET ADDRESS	151 CYPRESS WAY EAST #E103	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	TD	
NAME	HESSLING, JODI	
STREET ADDRESS	151 CYPRESS WAY E B 102	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.		
SIGNATURE: <u>SUSAN E. MERCHANT</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/18/06 237-649-8638 Date Daytime Phone #