2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

DOCUMENT #754434 1. Entity Name THE-HACIENDAS CONDOMINIUM ASSOCIATION, INC.)4-07-2008 !	_		25	
Principal Place of Business 151 CYPRESS WAY, EAST NAPLES, FL 34110		Mailing Address 1040 6TH AVENUE, NORTH NAPLES, FL 34102		4005971	.2				
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2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address			 	81 B1B11 B1B11 B1B11 B	Iteri etan etem	ILI Li 102!	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162008	Chg-NP	CR2E037	(12/06)		
City & State		City & State		4. FEI Number 65-02339	948			plied For Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired		8.75 Addi	itional	
	6. Name and Address of Current	Registered Agent		7. Name and A	dress of New				
			Name	Name					
VALENTINI, VINCENT P 1040 6TH AVENUE, NORTH NAPLES, FL 34102			Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
NAPLES, I	FL 34102								
			City			FL	Zip Code)	
	named entity submits this statement foi ions of registered agent.	r the purpose of changing its r	egistered office or	registered agent, or both,	in the State of F	lorida. I am far	niliar with, a	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	are required when reinstating)		DATE	• ••		
									
	Filling Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	ontribution	\$5.00 May Be Added to Fees	- Flo	Make check p orlda Departn	payable to nent of St	ate	
10."		Trust Fund Co			liberit renifi	Make check p prida Departm ERS AND DIRE	cayable to	ate	
10. " ITTLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DIF D BOYCE, WALTER C/O GLADSTONE REALTY, LTD	Trust Fund Co	Ontribution: OH STATE 11. TITLE NAME STREET ADDRESS	Added to Fees	liberit renifi	Make check p prida Departm ERS AND DIRE	payable to nent of St	ate	
10. " ITILE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008 OFFICERS AND DIF D BOYCE, WALTER C/O GLADSTONE REALTY, LTD OTTAWA, ONTARIO, CANADA,	Trust Fund Co	Ontribution: The state of the s	Added to Fees ADDITIONS/CHAN	GES TO OFFIC	Make check purida Departm CHAN DEPARTM ERS AND DIRE	control St. CTORS IN Change	ate cal	
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12. I hereby certify that the information supplied with this filling 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: