


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90022 039 ****61.25

DOCUMENT # 754434 1. Entity Name THE-HACIENDAS-CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 151 CYPRESS WAY, EAST NAPLES, FL 34110			Mailing Address 1040 6TH AVENUE, NORTH NAPLES, FL 34102		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0233948	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VALENTINI, VINCENT P 1040 6TH AVENUE, NORTH NAPLES, FL 34102				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D BOYCE, WALTER <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	C/O GLADSTONE REALTY, LTD., 368 SLATER ST.		NAME		
STREET ADDRESS	OTTAWA, ONTARIO, CANADA, K1R5C1		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD FORESMAN, W.F. <input type="checkbox"/> Delete		TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4830 PALMETTOW WOODS DR.		NAME	FORESMAN, W.F.	
STREET ADDRESS	NAPLES, FL 33940		STREET ADDRESS	4830 PALMETTO WOODS DR.	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL 33940	
TITLE	VPD HESSLING, JOSEPH <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	151 CYPRESS WAY EAST #B102		NAME		
STREET ADDRESS	NAPLES, FL 34110		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD MERCHANT, SUSAN <input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	151 CYPRESS WAY EAST #E103		NAME	BRACKEN, SUSAN	
STREET ADDRESS	NAPLES, FL 34110		STREET ADDRESS	151 CYPRESS WAY E. #E103	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	TD HESSLING, JODI <input type="checkbox"/> Delete		TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	151 CYPRESS WAY E B 102		NAME	HESSLING, JODI	
STREET ADDRESS	NAPLES, FL 34110		STREET ADDRESS	151 CYPRESS WAY E. #B102	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Jodi Hessler</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-17-08 (229) 261-1161 <small>Date Daytime Phone #</small>		