2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State
02-14-2008 90021 024 ***158.75

DOCUMENT # H58251

1. Entity Name

HACIENDA VILLAGE HOMEOWNERS ASSOCIATION OF NEW PORT RICHEY, INC.

Principal Place of Business	Mailing Address
7500 GRANADA AVE #3 NEW PORT RICHEY FL 34653 US	7500 GRANADA AVE #3 NEW PORT RICHEY FL 34653 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2571402 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARABURDA, RICHARD
7304 CORDOBA AVE
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILLIAMS, FRANK 6305 NAVACRA CT NEW PORT RICHEY FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AREA 1 REPRESENTATIVE BERNADETTE FOSTER 7226 TERUEL AVE NEW PORT RICHEY, FLORIDA 34653	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BROOKS, ROBERT 7119 GIBRALTER AVE NEW PORT RICHEY FL 34652	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT JOHN FOLLEY 7334 MALAGA AVE NEW PORT RICHEY FLORIDA 34653	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LA FONTINE, MARY 6025 BALBOA AVE NEW PORT RICHEY FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AREA 2 REPRESENTATIVE CAROLYN VAN DEN BURGH 6106 BALBOA AVE NEW PORT RICHEY FLORIDA 34653	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARABORDA, RICHARD 7304 CORDOBA AVE NEW PORT RICHEY FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AREA 3 REPRESENTATIVE DONALD BRASHEAR 7314 MALAGA AVE NEW PORT RICHEY, FLORIDA 34653	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A3R SCHENFFLE, KENNETH 1313 GRANADA AVE NEW PORT RICHEY FL 34653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AREA 5 REPRESENTATIVE MILLDRED WALLACE 6101 DESOTO AVE NEW PORT RICHEY, FLORIDA 34653	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERRY, NANCY 6041 BALBOA NEW PORT RICHEY FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AREA 6 JAMES DEAN 7221 GIBRALTER AVE NEW PORT RICHEY, FL 34653	☒ Change ☐ Addition

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 607, 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: Richard W Haraburda (727) 845-5730 2-7-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #