2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N06000009900

Entity Name: HACIENDA VILLAS HOMEONWERS ASSOCIATION, INC.

Current Principal Place of Business:

HACIENDAVILLAS HOA
1210 FERNANDO LN
THE VILLAGES, FL 32159 US

New Principal Place of Business:

Current Mailing Address:

HACIENDAVILLAS HOA
PO BOX 993
LADY LAKE, FL 321580993 US

New Mailing Address:

FEI Number: 20-5588639 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, GLORIA M
1210 FERNANDO LN
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MARTIN, GLORIA	
Address:	1210 FERNANDO LN	
City-St-Zip:	THE VILLAGES, FL 32159	
Title:	V	( ) Delete
Name:	WILLIAMS, DENNIS	
Address:	1217 FLORES	
City-St-Zip:	THE VILLAGES, FL 32159	
Title:	T	( ) Delete
Name:	SIMPSON, BILL	
Address:	908 MEDINA	
City-St-Zip:	THE VILLAGES, FL 32159	
Title:	S	( ) Delete
Name:	KODATT, ALICE	
Address:	910 MENDOZA BLVD	
City-St-Zip:	LADY LAKE, FL 32159	

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: GLORIA MARTIN PRES 04/07/2009

Electronic Signature of Signing Officer or Director — Date