FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11551 (1)

1. Corporation Name
CLUB HACIENDAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1171 COUNTRY CLUB DR TITUSVILLE FL 32780 US	PO BOX 5027 TITUSVILLE FL 32783-5027 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1985
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-2648469 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ROGERS, RICHARD L
1135 S WASHINGTON AVE
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	BOOKER, FRANK E	1.2 NAME		
STREET ADDRESS	975 COUNTRY CLUB	1.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	FORSYTHE, DOUGLAS	2.2 NAME		
STREET ADDRESS	983 COUNTRY CLUB	2.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP		
TITLE	~~SD~~	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	EDGAR, J T	3.2 NAME		
STREET ADDRESS	1039 COUNTRY CLUB DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP		
TITLE	~~D~~	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	~~KREBSBACH, DALE~~ Delete	4.2 NAME	Cline, Arthur	
STREET ADDRESS	~~303 GOLDEN KNIGHTS BLVD~~	4.3 STREET ADDRESS	4010 Coquina Ave.	
CITY-ST-ZIP	~~TITUSVILLE FL~~	4.4 CITY-ST-ZIP	Titusville, FL 32780	
TITLE	~~VD~~	5.1 TITLE		☐ Change ☐ Addition
NAME	~~COLLINS, DENNIS G~~ Delete	5.2 NAME		
STREET ADDRESS	~~1900 FABIEN CIR~~	5.3 STREET ADDRESS		
CITY-ST-ZIP	~~MELBOURNE FL~~	6.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: Frank E Booker IV 3/30/95 (407) 268-4265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #