

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90069 002 \*\*\*\*61.25



**DOCUMENT # N11551**

1. Entity Name

CLUB HACIENDAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1171 COUNTRY CLUB DR  
TITUSVILLE FL 32780  
US

Mailing Address

PO BOX 5027  
TITUSVILLE FL 32783-5027  
US

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

59-2648469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

COLLINS & COLLINS ASSOCIATES, INC.  
DENNIS G COLLINS  
~~1903 FABIEN CIRCLE~~  
~~MELBOURNE FL 32940~~

7. Name and Address of New Registered Agent

Name

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

512 SOUTH BLVD EAST

City

MALDEN

FL

Zip Code

32043

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	CLINE, ARTHUR	
STREET ADDRESS	4010 COQUINA AVE	
CITY-STATE-ZIP	TITUSVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHUTZ, FEDDRICK W	
STREET ADDRESS	1061 COUNTRY CLUB DRIVE	
CITY-STATE-ZIP	TITUSVILLE FL 32780	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FLOWERS, DAVID	
STREET ADDRESS	3828 WETHERSFIELD CIRCLE	
CITY-STATE-ZIP	TITUSVILLE FL 32780	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SLOAN, MARGO	
STREET ADDRESS	1031 COUNTRY CLUB DRIVE	
CITY-STATE-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLEMAN, THOMAS L	
STREET ADDRESS	1019 COUNTRY CLUB DRIVE	
CITY-STATE-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN HILKEY	
STREET ADDRESS	1137 COUNTRY CLUB DRIVE	
CITY-STATE-ZIP	TITUSVILLE, FL 32780	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN LINT	
STREET ADDRESS	1093 COUNTRY CLUB DRIVE	
CITY-STATE-ZIP	TITUSVILLE, FL 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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 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:

FREDERICK W. SCHUTZ 3/29/07 904-259-7039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #