

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11551

FILED  
Mar 07, 2009  
Secretary of State

**Entity Name:** CLUB HACIENDAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1171 COUNTRY CLUB DR  
TITUSVILLE, FL 32780 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5027  
TITUSVILLE, FL 327835027 US

**New Mailing Address:**

PO BOX 716  
MACCLENNY, FL 32063 US

**FEI Number:** 59-2648469

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLLINS REALTY GROUP, INC.  
DENNIS G COLLINS  
1171 SOUTH 6TH STREET  
MACCLENNY, FL 32063 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: SD ( ) Delete  
Name: CLINE, ARTHUR  
Address: 4010 COQUINA AVE  
City-St-Zip: TITUSVILLE, FL

Title: PD ( ) Delete  
Name: SCHUTZ, FEDDRICK W  
Address: 1061 COUNTRY CLUB DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

Title: TD ( ) Delete  
Name: FLOWERS, DAVID  
Address: 3828 WETHERSFIELD CIRCLE  
City-St-Zip: TITUSVILLE, FL 32780

Title: VD ( ) Delete  
Name: HILKEY, ANN  
Address: 1137 COUNTRY CLUB DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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:

Title: D ( ) Change (X) Addition  
Name: LINT, JOHN W  
Address: 1093 COUNTRY CLUB DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

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: FREDERICK W. SCHUTZ

PD

03/07/2009

Electronic Signature of Signing Officer or Director

Date