
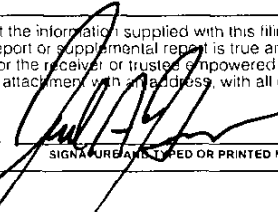


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90060 011 ****61.25

DOCUMENT # N97000004402					
1. Entity Name HACIENDA HOMEOWNERS' SUB-ASSOCIATION, INC.					
Principal Place of Business 5646 CORPORATE WAY WPB, FL 33407			Mailing Address 5646 CORPORATE WAY WPB, FL 33407		
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		Country		4. FEI Number 65-0822552	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent THE GENERAL LEDGER 5646 CORPORATE WAY WPB, FL 33407				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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	DST	<input type="checkbox"/> Delete			
NAME	HARGIS, JOAL				
STREET ADDRESS	8031 VIA HACIENDA				
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	MIMAMS, PAUL				
STREET ADDRESS	8069 VIA HACIENDA				
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	COLE, MARIE				
STREET ADDRESS	8005 VIA HACIENDA				
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	Hargis, Joel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	Mimms, Paul				
STREET ADDRESS	8069 Via Hacienda				
CITY - ST - ZIP	Palm Beach Gardens, FL 33418				
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DST 3/1/07 (561) 718-3029 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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02152007 Chg-NP CR2E037 (12/06)