2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 15, 2004 8:00 am **Secretary of State** DOCUMENT # N99000006342 1. Entity Name 03-15-2004 90090 034 ****75.00 HACIENDA VILLAGE SOCIAL CLÜB, INC. Principal Place of Business Mailing Address 7500 GRANADA AVE NEW PORT RICHEY FL 34653 7500 GRANADA AVE NEW PORT RICHEY FL 34653 340800 2. Principal Place of Business 3. Mailing Address SOMORA AUG SAME 1210 Suite, Apt. #, etc Suite, Apt. #, etc. CR2E037 (11/03) 11.0 Applied For City & State City & State 4. FEI Number 59-3604864 ienea Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MESSER, GERALD T Street Address (P.O. Box Number is Not Acceptable) 6106 CONCORDIA AVE **NEW PORT RICHEY FL 34653** Zip Code 3 44653 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. TROMSURER SIGNATURE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PRESIDENT ☐ Change TITLE Delete MESSER, GERALD T NAME NAME LORENT BRECKS 6106 CONCORDIA AVE STREET ADDRESS STREET ADDRESS 7119 GIBRACTER AUS NEW PORT RICHEY FL 34653 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ARNOLD, NORMA NAME 7605 MONTEREY AVE STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34653 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition A O'SHEA, ELIZABETH-NAME NAME 7604 GRANADA STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34653 CITY-ST-ZIP CITY-ST-ZIP Addition DDE Delete TITI F DVORAK, JACK NAME NAME 7210 SONORA AVE STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34653 CITY-ST-ZIP CITY-ST-ZIP VICE-PRESIDENT TITLE ☐ Delete TITLE ☐ Change **P**Addition MELEN MIBSELHORN NAME NAME 7/3, SONORA AUS. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NEW PORT RICHEY, FR ☐ Delete TITLE TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED