


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 01, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N99000006342 |  |
| 1. Entity Name HACIENDA VILLAGE SOCIAL CLUB, INC. | |

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| Principal Place of Business 7500 GRANADA AVE NEW PORT RICHEY FL 34653 | Mailing Address 7210 SONORA AVE NEW PORT RICHEY FL 34653 US |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3604864 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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| 6. Name and Address of Current Registered Agent DVORAK, JACK 7210 SONORA AVE NEW PORT RICHEY FL 34653 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 J. O. DVORAK TREASURER 2-23-05
Signature of person provided 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, 2005

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 NAME STREET ADDRESS CITY-STATE-ZIP | P BROOKS, LORENE 7119 GIBRALTER AVE NEW PORT RICHEY FL 34653 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | VD ARNOLD, NORMA 7605 MONTEREY AVE NEW PORT RICHEY FL 34653 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | S GLICK, E. SEAN 7210 SONORA AVE NEW PORT RICHEY FL 34653 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | TD DVORAK, JACK 7210 SONORA AVE NEW PORT RICHEY FL 34653 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | V MISSELHORN, HELEN 7131 SONORA AVE NEW PORT RICHEY FL 34653 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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03/01/05-80027-005 75.00

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: J. O. DVORAK TREASURER 2/23/05 727-841-9724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #