

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006342

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: HACIENDA VILLAGE SOCIAL CLUB, INC.

**Current Principal Place of Business:**

7500 GRANADA AVE  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

6110 BISCAYNE AVENUE  
NEW PORT RICHEY, FL 34653 US

**New Mailing Address:**

6110 BISCAYA AVENUE  
NEW PORT RICHEY, FL 34653 US

FEI Number: 59-3604864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MASSE, LU-ANN  
6110 BICAYA AVENUE  
NEW PORT RICHEY, FL 34653 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: P ( ) Delete  
Name: KIMMY, SR, RONALD L  
Address: 6145 CONCORDIA AVENUE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP (X) Delete  
Name: ANAST, BETTE  
Address: 7253 MONTEGA AVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: S ( ) Delete  
Name: BALLARD, MARJORY  
Address: 7304 ANDALUSIA AVENUE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T ( ) Delete  
Name: MASSE, LU-ANN  
Address: 6110 BISCAYA AVENUE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP ( ) Delete  
Name: BUTTS, DAVID  
Address: 7335 CORDOGA AVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LU-ANN MASSE

T

03/27/2009

Electronic Signature of Signing Officer or Director

Date