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Jan 24 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S95678

(6)

1. Corporation Name
HACIENDA VILLAGE UTILITIES, INC.

Principal Place of Business

**7107 GIBRALTER AVE
NEW PORT RICHEY FL 34653
US**

Mailing Address

**6939 HACHEM DR
PORT RICHEY FL 34668-1398
US**



3. Date Incorporated or Qualified
11/21/1991

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3095507

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**HACHEM, SALEH
6939 HACHEM DRIVE
PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent

81 Name

SAM HACHEM

82 Street Address (P.O. Box Number is Not Acceptable)

6939 HACHEM DR.

83

84 City

PORT Richey

FL

85 Zip

34668

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

PRESIDENT

1/4/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD HACHEM, SALEH**
STREET ADDRESS **6939 HACHEM DRIVE**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD SAM HACHEM**
1.3 STREET ADDRESS **6939 HACHEM DR.**
1.4 CITY-ST-ZIP **PORT Richey, FL 34668**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **LAURICE A. HACHEM**
2.3 STREET ADDRESS **6939 HACHEM DR.**
2.4 CITY-ST-ZIP **PORT RICHEY, FL 34668**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)