

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000002450

Entity Name: FRIENDS OF THE HACIENDA HOTEL, INC.**Current Principal Place of Business:**6624 GREEN ACRES BLVD
N/A
NEW PORT RICHEY, FL 34655**Current Mailing Address:**6624 GREEN ACRES BLVD
N/A
NEW PORT RICHEY, FL 34655 US**FEI Number:** 46-5631153**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ISOLANI, JOSEPH E P
6624 GREEN ACRES BLVD
N/A
NEW PORT RICHEY, FL 34655 US*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

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name ISOLANI, JOSEPH E JR
Address 6624 GREEN ACRES BLVD
 N/A
City-State-Zip: NEW PORT RICHEY FL 34655

Title VP, DIRECTOR
Name GANN, GARY R
Address 10824 LUSCOMBE CT
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR
Name GREY, CHUCK
Address C/O 5324 U.S. HIGHWAY 19
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name BLACK, JULIE
Address 5746 WYOMING AVE.
City-State-Zip: NEW PORT RICHEY FL 34652

Title SECRETARY, TREASURER,
 DIRECTOR
Name LANGFORD, BOB
Address 5603 WYOMING AVE.
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name GANN, PAULA
Address 10824 LUSCOMBE CT.
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR
Name EICHENBERGER, DAVE
Address 5746 WYOMING AVE.
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name AUSTIN, CAMI
Address 6624 GREEN ACRES BLVD
 N/A
City-State-Zip: NEW PORT RICHEY FL 34655

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I hereby 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 all other like empowered.

SIGNATURE: JOSEPH E. ISOLANI**PRESIDENT AND
DIRECTOR****04/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HACKMAN, KELLY
Address 6624 GREEN ACRES BLVD
N/A
City-State-Zip: NEW PORT RICHEY FL 34655

Title DIRECTOR
Name JULIAN, MARY
Address 6337 RIVER ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name STEWART, JOHN
Address 6624 GREEN ACRES BLVD
N/A
City-State-Zip: NEW PORT RICHEY FL 34655

Title DIRECTOR
Name JULIAN, JIM
Address 6337 RIVER ROAD
City-State-Zip: NEW PORT RICHEY FL 34652