

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

A-5

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90130 049 ****61.25

DOCUMENT # 754434

1. Entity Name
THE HACIENDAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**151 CYPRESS WAY, EAST
NAPLES, FL 34110**

Mailing Address
**1040 6TH AVENUE, NORTH
NAPLES, FL 34102**

4004000000



DO NOT WRITE IN THIS SPACE

02242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0233948	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**VALENTINI, VINCENT P
1040 6TH AVENUE, NORTH
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYCE, WALTER C/O GLADSTONE REALTY, LTD., 368 SLATER ST. OTTAWA, ONTARIO, CANADA, K1R5C1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORESMAN, W.F. 4830 PALMETTOW WOODS DR. NAPLES, FL 33940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HESSLING, JOSEPH 151 CYPRESS WAY EAST #B102 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERCHANT, SUSAN 151 CYPRESS WAY EAST #E103 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HESSLING, JODI 151 CYPRESS WAY E B 102 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *W. F. Foresman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-07 239-262-7846
Date Daytime Phone #