

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754434 (9)  
1. Corporation 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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	
3. Date Incorporated or Qualified 10/01/1980		4. FEI Number 65-0233948	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FORESMAN, WILLIAM 1040 6TH AVENUE, NORTH NAPLES FL 34102		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NANCE, BRUCE	1.1 TITLE	
NAME	151 CYPRESS WAY, EAST, #E103	1.2 NAME	
STREET ADDRESS	NAPLES FL 34110	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VO BOYCE, WALTER	2.1 TITLE	
NAME	C/O GLADSTONE REALTY, LTD., 368 SLATER ST.	2.2 NAME	
STREET ADDRESS	OTTAWA, ONTARIO, CANADA K1R5C-1	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD RHEAUME, ROBERT C	3.1 TITLE	
NAME	C/O GLADSTONE REALTY, LTD., 368 SLATER ST.	3.2 NAME	
STREET ADDRESS	OTTAWA, ONTARIO, CANADA K1R5C-1	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD DOMINO, JOSEPH	4.1 TITLE	
NAME	151 CYPRESS WAY, #B101	4.2 NAME	
STREET ADDRESS	NAPLES FL 34110	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D PHIEL, RICHARD	5.1 TITLE	
NAME	151 CYPRESS WAY, EAST, #B104	5.2 NAME	
STREET ADDRESS	NAPLES FL 34110	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  2-27-98 941-598-4827  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone \* 00000000

CR2E037 (10/97)