

**DOCUMENT # 754434**

1. Entity Name

**THE HACIENDAS CONDOMINIUM ASSOCIATION, INC.****FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90143 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

151 CYPRESS WAY, EAST  
NAPLES FL 341101040 6TH AVENUE, NORTH  
NAPLES FL 34102-5603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0233948

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**FORESMAN, WILLIAM**  
**1040 6TH AVENUE, NORTH**  
**NAPLES FL 34102**

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete  
NAME **NANCE, BRUCE**  
STREET ADDRESS **151 CYPRESS WAY, EAST, #E103**  
CITY-ST-ZIP **NAPLES FL 34110**TITLE **D** ☐ Delete  
NAME **BOYCE, WALTER**  
STREET ADDRESS **C/O GLADSTONE REALTY, LTD., 368 SLATER ST.**  
CITY-ST-ZIP **OTTAWA, ONTARIO, CANADA K1R5C-1**TITLE **PD** ☐ Delete  
NAME **CAPRIO, THOMAS**  
STREET ADDRESS **151 CYPRESS WAY EAST #B107**  
CITY-ST-ZIP **NAPLES FL 34110**TITLE **VP** ☐ Delete  
NAME **DOMINO, JOSEPH**  
STREET ADDRESS **151 CYPRESS WAY, #B101**  
CITY-ST-ZIP **NAPLES FL 34110**TITLE **SD** ☐ Delete  
NAME **GIVENS, JOHN**  
STREET ADDRESS **151 CYPRESS WAY EAST #E101**  
CITY-ST-ZIP **NAPLES FL 34110**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00

Date

Daytime Phone #

941-513-1900

CR2E037 (9/99)