FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 24, 2002 8:00 am H70611 DOCUMENT # **Secretary of State** 1. Entity Name HACIENDA DEVELOPMENT CORP. 02-24-2002 90089 029 ***158.75 Principal Place of Business Mailing Address 287 CLUB RIO 287 CLUB RIO EDGEWATER FL 32141-7262 EDGEWATER FL 32141-7262 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2571374 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OSWALD, KENNETH F. Street Address (P.O. Box Number is Not Acceptable) 600 COURTLAND ST ORLANDO FL 32804 Zip Code City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!! | FEE IS \$150.00 **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change ☐ Addition CR2E034 (9/01 WALLSCHLAEGER, MARK A NAME NAME 278 CLUBHOUSE BLVD. STREET ADDRESS STREET ADDRESS NEW SMYRNA BEACH FL CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change WALLSCHLAEGER, KEVIN S NAME NAME STREET ADDRESS 2625 TURNBULL ESTATES DRIVE STREET ADDRESS NEW SMYRNA BEACH FL CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITI F ☐ Change TITLE WALLSCHLAEGER, STEVEN M NAME NAME STREET ADDRESS 1531 SHADOW PINES STREET ADDRESS CITY-ST-7IP CITY-ST-7IP NEW SMYRNA BEACH FL ☐ Delete ☐ Change Addition TITLE. TITLE WALLSCHLAEGER, RANDAL A NAME NAME STREET ADDRESS 750 WILLIARD STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NEW SMYRNA BEACH FL X Change TITLE ☐ Delete TITLE Addition NAME WALLSCHLAEGER, BRIAN M. NAME Wallschlaeger, Brian M. STREET ADDRESS STREET ADDRESS 1450 MADELINE AVE 2342 Melonie Trail CITY-ST-7IP CITY-ST-ZIP PORT ORANGE FL 32119 New Smyrna Beach, FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #