FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **735443** **(4)**

1. Corporation Name

HAMILTON HOUSE CONDOMINIUM APARTMENTS, INC.

Principal Place of Business	Mailing Address
%1213 S. OCEAN BLVD. DELRAY BEACH FL 33483	%1213 S. OCEAN BLVD. DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: **04/01/1976**
3a. Date of Last Report: **03/20/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-1696124** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TETZLAFF, ELDEN
2730 AVE AUSOLEIL
GULFSTREAM FL 33483

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TETZLAFF, ELDEN		1.2 NAME		
STREET ADDRESS	2730 AVE AUSOLEIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	GULFSTREAM FL 33483		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DORMAN, CARR		2.2 NAME		
STREET ADDRESS	P.O. BOX 6280 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTESVILLE VA 22906		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DROUT, DANIEL		3.2 NAME		
STREET ADDRESS	1213 SOUTH OCEAN BOULEVARD		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SWEENEY, STEPHEN		4.2 NAME		
STREET ADDRESS	7 GREEN BROOK RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	S HAMILTON MA 01982		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KRANYECZ, FRANK		5.2 NAME		
STREET ADDRESS	1003 N ST LUCAS ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALLENTOWN PA 18104		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PATERAS, BRUNO J		6.2 NAME		
STREET ADDRESS	1213 S OCEAN BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ⊗ Stephen Sweeney ⊗ 3/19/96 407-276-5890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #