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Mar 12 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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. %1213 S. OCEAN BLVD.
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483

3. Date Incorporated or Qualified

04/01/1976

4. FEI Number

59-1696124

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TETZLAFF, ELDEN
2730 AVE AUSOLEIL
GULFSTREAM FL 33483

81 Name

Sharon White

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

1213 South Ocean Blvd.

83

84 City

Delray Beach

FL

85 Zip Code

33483

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 *Joseph E. Buonanno*

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

(NOTE: Registered Agent signature required when reinstating)

3/6/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME TETZLAFF, ELDEN
STREET ADDRESS 2730 AVE AUSOLEIL
CITY-ST-ZIP GULFSTREAM FL 33483

1.1 TITLE Sect. ☐ Change ☒ Addition
1.2 NAME Grunden, Billie R.
1.3 STREET ADDRESS 1213 S. Ocean Blvd.
1.4 CITY-ST-ZIP Delray Beach, FL 33483

TITLE D ☒ DELETE
NAME DORMAN, CARR
STREET ADDRESS P.O. BOX 6280 N/A
CITY-ST-ZIP CHARLOTTESVILLE VA 22906

2.1 TITLE Pres. ☐ Change ☒ Addition
2.2 NAME Buonanno, Joseph E.
2.3 STREET ADDRESS Box 72
2.4 CITY-ST-ZIP Narragansett, RI 02882

TITLE S ☐ DELETE
NAME DROUT, DANIEL
STREET ADDRESS 1213 SOUTH OCEAN BOULEVARD
CITY-ST-ZIP DELRAY BEACH FL

3.1 TITLE TREAS. ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE P ☒ DELETE
NAME SWEENEY, STEPHEN
STREET ADDRESS 7 GREEN BROOK RD
CITY-ST-ZIP S HAMILTON MA 01982

4.1 TITLE Director ☐ Change ☒ Addition
4.2 NAME Sears, Howard
4.3 STREET ADDRESS 105 Birchwood Circle
4.4 CITY-ST-ZIP Rome, New York 13440

TITLE D ☐ DELETE
NAME PATERAS, BRUNO J
STREET ADDRESS 1213 S OCEAN BLVD
CITY-ST-ZIP DELRAY BCH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: Joseph E. Buonanno

Joseph E. Buonanno

3/6/98

216-5890

CR2E037 (10/97)