2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
04-24-2002 90293 036 ****61.25

DOCUMENT # 735443

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITE, SHARON 1213 S OCEAN BLVD DELRAY BCH FL 33483	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 Sharon White, Mgr.
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D [redacted] [redacted]	☑ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P [redacted] [redacted]	☑ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ALLEN, JACKIE 1213 SOUTH OCEAN BOULEVARD DELRAY BEACH FL 33483	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEARS, HOWARD 105 BIRCHWOOD CIR ROME NY 13440	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABRAMSON, HERBERT 50 COUNTRYSIDE RD NEWTON MA 02159	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P [redacted] [redacted]	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MR. & [redacted] ROCCO J. ANTONELLI SR ONE SCOTLAND DRIVE ANDOVER, MA 01810 TREASURER	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY SAME Person	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SAME person	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SAME Person	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT MR. JOHN E BRODE 28717 HIDDEN TRAIL FARMINGTON HILLS, MI 48331	☑ Change ☑ Addition

CR2E037 (9/01)

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: Jackie Allen REQUIRED 4-13-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #