2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 735443

1. Entity Name
HAMILTON HOUSE CONDOMINIUM APARTMENTS, INC.

REINSTATEMENT

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

01132004 No Chg-NP CR2E037 (10/03)

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

WHITE, SHARON
1213 S OCEAN BLVD
DELRAY BCH, FL 33483

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	ANTONELLI, SR
STREET ADDRESS	ONE SCOTLAND DRIVE
CITY-ST-ZIP	ANDOVER, MA 01810
TITLE	SD
NAME	ALLEN, JACKIE
STREET ADDRESS	1213 SOUTH OCEAN BOULEVARD
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	D
NAME	SEARS, HOWARD
STREET ADDRESS	105 BIRCHWOOD CIR
CITY-ST-ZIP	ROME, NY 13440
TITLE	PD
NAME	ABRAMSON, HERBERT
STREET ADDRESS	50 COUNTRYSIDE RD
CITY-ST-ZIP	NEWTON, MA 02159
TITLE	VP
NAME	BREDE, JOHN
STREET ADDRESS	28717 HIDDEN TRAIL
CITY-ST-ZIP	FARMINGTON, MI 48331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000100008077
01/20/04-80047-020 61.25

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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: HERB ABRAMSON PRES 1-13-04 561-276-5890
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #