2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

04 NOV 17 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

11092004 Chg-NP CR2E037 (10/03)

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

SIGNATURE Sharon D White Sharon White 11-10-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANTONELLI, SR ONE SCOTLAND DRIVE ANDOVER, MA 01810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TO ANTONELLI, ROCCO, J, SR. SAME ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALLEN, JACKIE 1213 SOUTH OCEAN BOULEVARD DELRAY BEACH, FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAME ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEARS, HOWARD 105 BIRCHWOOD CIR ROME, NY 13440	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BUONANNO, JOSEPH, E. 681 MAINSTREET WAKE FIELD, RHODE ISLAND ☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ABRAMSON, HERBERT 50 COUNTRYSIDE RD NEWTON, MA 02159	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BREDE, JOHN 28717 HIDDEN TRAIL FARMINGTON, MI 48331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200042841112 11/17/04--01062--001 **61.25 ☐ Change ☐ Addition

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: R. J. Antonelli Treasurer 11/10/04 561-276-5890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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