


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90051 032 \*\*\*\*61.25

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<b>DOCUMENT # 748507</b> 1. Entity Name HAMILTON SQUARE, INC.			
Principal Place of Business 200 N TAMiami TRAIL SUITE A VENICE, FL 34285		Mailing Address 200 N TAMiami TRAIL SUITE A VENICE, FL 34285	
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 59-2061857	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARCLAY, MARK 200 A N. TAMiami TRAIL VENICE, FL 34285		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 _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, LIANA	NAME	
STREET ADDRESS	200 N TAMiami TR SUITE D	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34285	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, CRAIG & LISA	NAME	
STREET ADDRESS	200 N TAMiami TR SUITE I	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34285	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARCLAY, MARK	NAME	
STREET ADDRESS	200 N TAMiami TRAIL, #A	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34285	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYNOLDS, TOM E	NAME	Monica Schaub
STREET ADDRESS	200 N TAMiami TR SUITE F	STREET ADDRESS	278 Park Forest Blvd.
CITY-ST-ZIP	VENICE, FL 34285	CITY-ST-ZIP	Englewood, FL 34223
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, SHANNON	NAME	
STREET ADDRESS	200 N TAMiami TR SUITE H	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34285	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMILTON, PAUL	NAME	Robert Hamilton
STREET ADDRESS	200 N TAMiami TR SUITE J	STREET ADDRESS	200 N. Tamiami Tr. Suite G
CITY-ST-ZIP	VENICE, FL 34285	CITY-ST-ZIP	Venice, FL 34285
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: _____		Date: 2/14/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	