

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748507

FILED
Feb 21, 2009
Secretary of State

Entity Name: HAMILTON SQUARE, INC.

Current Principal Place of Business:

200 N TAMIAMI TRAIL
SUITE A
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

200 N TAMIAMI TRAIL
SUITE A
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-2061857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARCLAY, MARK
200 A N. TAMIAMI TRAIL
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARTIN, LIANA
Address: 200 N TAMIAMI TR SUITE D
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: WARD, THOMAS
Address: 5221 OCEAN BLVD #2
City-St-Zip: SARASOTA, FL 34242

Title: PD () Delete
Name: BARCLAY, MARK
Address: 200 N TAMIAMI TRAIL, #A
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: SCHAUB, MONICA
Address: 278 PARK FOREST BLVD
City-St-Zip: ENGLEWOOD, FL 34223

Title: S () Delete
Name: COSTELLO, SHANNON
Address: 200 N TAMIAMI TR SUITE H
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: YODER, LYNDON
Address: 130 DA VINCI DR
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: COSTELLO, SHANNON
Address: 200 N TAMIAMI TR SUITE H
City-St-Zip: VENICE, FL 34285

Title: D (X) Change () Addition
Name: HAMILTON, ROBERT
Address: 200 N TAMIAMI TRAIL SUITE J
City-St-Zip: VENICE, FL 34285

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK BARCLAY

PRES

02/21/2009

Electronic Signature of Signing Officer or Director

_____ Date