

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28832** (6)

1. Corporation Name

HAMILTON CLUB ASSOCIATION, INC.

Principal Place of Business

Main Address

5023 RINGWOOD MEADOW
SARASOTA FL 34236
US

5023 RINGWOOD MEADOW
SARASOTA FL 34235
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/12/1988

3a. Date of Last Report
04/26/1994

4. FEI Number
65-0347196

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.033,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 **2831 Ringwood Blvd**

26 **2831 Ringwood Blvd**

22 **Suite 218-F**

27 **Suite 218-F**

23 **Sarasota, FL**

28 **Sarasota, FL**

24 **34237**

25 **USA**

29 **34237**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GULF COAST MANAGEMENT OF SARASOTA
5023 RINGWOOD MEADOW
SARASOTA FL 34233

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2831 Ringwood Blvd

83 **Suite 218-F**

84 City
SARASOTA

85 **FL**

86 Zip Code
34237

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the qualifications of, Section 607.0505, Florida Statutes.

SIGNATURE **X Edward L Kalin**

4/6/95

12. OFFICERS AND DIRECTORS

TITLE **PS**
NAME **KALIN, EDWARD L**
STREET ADDRESS **5252 S TAMiami TRAIL**
CITY ST ZIP **SARASOTA FL**

TITLE **VT**
NAME **HENNELLY, JO**
STREET ADDRESS **5252 S. TAMiami TRAIL**
CITY ST ZIP **SARASOTA FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME **PSD KALIN, EDWARD**
13 STREET ADDRESS **5252 S. TAMiami TRAIL**
14 CITY ST ZIP **SARASOTA, FL 34231**

21 TITLE Change Addition
22 NAME **VT HENNELLY, JO**
23 STREET ADDRESS **5252 S. TAMiami TRAIL**
24 CITY ST ZIP **SARASOTA, FL 34231**

31 TITLE Change Addition
32 NAME **DIR. HENNELLY, EDWARD**
33 STREET ADDRESS **5252 S. TAMiami TRAIL**
34 CITY ST ZIP **SARASOTA, FL 34231**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

REMITTED BY MAY 1

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******130.00 ****130.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trust or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with my address.

SIGNATURE: **X Edward L Kalin**

4/6/95