

## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 28, 2004 8:00 am Secretary of State

DOCUMENT # N28832  1. Entity Name HAMILTON CLUB ASSOCIATION, INC.					0	4-28-2004 9	90220 001 ***	*61.25	
Principal Place of Business CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY ST. SARASOTA, FL 34231-0603 US  Mailing Address CONDOMINIUM MANAGEME 1801 GLENGARY ST. SARASOTA, FL 34231-060					1981  13  P  \$ 1  8  1	######################################	brant Billit Stall Stall drá	1 BIBINDI DE 1806	
1 ' 4		3. Mailing Address Progressive Community Mant, In		t,Inc					
1 ' ' '	Hengary Street	Stuite, Apt. #, etc.  /// State  State	y Stree	ť	01232004 CI	ng-NP	CR2E037 (10/0	3) Applied For	
Jaras	sota, FL	Sarasota.	FL		65-034719	6		Not Applicable	
2ip 3423	Country USA	Zip 34231	USA		5. Certificate of St	atus Desired	☐ \$8.75 Fee Req	Additional uired	
	6. Name and Address of Current R				7. Name and Add				
CONDOMINIUM MGMT. 1801 GLENGARY ST. SARASOTA, FL 34231-0603				Name 1000 1853 IVE Community Management Inc Street Address (P.O. Box Number is Not Acceptable) 1801 Glengary Street					
				Sarasota FL Zip Code 34231					
	named entity submits this statement for ions of registered agent.	the purptise of changing its r		:		the State of Flor	ida. I am familiar v	vith, and accept	
SIGNATURE .	Signature, typed printed name of registered agent an	nd bile if applicable. (NOTE:	Registered Agent signatu		Ylarke( when reinstating)	7	DATE		
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	FINE PARTY DE	9 Fleeting Cami	naina Financina		05.00	Ma	ke chack neveh	le to	
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees		ike check payab da Department c		
10.	Due by May 1, 2004 OFFICERS AND DIR	Trust Fund Co				Florid	da Department o	f State S IN 10	
TITLE	Due by May 1, 2004  OFFICERS AND DIRI	Trust Fund Co	11.	A5	Added to Fees	Florid	da Department o	f State S IN 10	
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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 withen address, with all other like empowered.

SIGNATURE:

SIGNATURE: .

941-921-5393 Daytime Phone #