

FILE NOW: FILING FEE IS \$61.25

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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N39628 (5)
1. Corporation Name
HAMILTON POINTE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: P O BOX 3096 WINTER HAVEN FL 33881
Mailing Address: P O BOX 3096 WINTER HAVEN FL 33881

3. Date Incorporated or Qualified: 08/08/1990
4. FEI Number: 59-3113581
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

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. Is this nonprofit corporation a homeowners association? [X] Yes [] No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. [X] Yes [] No

9. Name and Address of Current Registered Agent
SWAIN, BRIAN K.
904 HAVENDALE BLVD.
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent
81 Name: Terry Stewart
82 Street Address (P.O. Box Number is Not Acceptable): 325 Hamilton Shore DR NE
83
84 City: Winter Haven FL 85 Zip Code: 33881

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Terry Stewart* President 4/30/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCNEILL, LANCE	
STREET ADDRESS	2000 E. EDGEWOOD DR.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	CLINE, PAT	
STREET ADDRESS	814 SPRING LAKE SQUARE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SWAIN, BRIAN K.	
STREET ADDRESS	814 SPRING LAKE SQUARE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		Terry Stewart	
1.3 STREET ADDRESS		325 Hamilton Shore DR NE	
1.4 CITY-ST-ZIP		Winter Haven, FL 33881	
2.1 TITLE	D	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		Mike Fuddelke	
2.3 STREET ADDRESS		412 Horseshoe Lane	
2.4 CITY-ST-ZIP		Winter Haven, FL 33881	
3.1 TITLE	D	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		George Carefoot	
3.3 STREET ADDRESS		313 Hamilton Shore DR NE	
3.4 CITY-ST-ZIP		Winter Haven, FL 33881	
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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 receiver 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 on an attachment with an address.

SIGNATURE: *[Signature]*

CR2E037 (10/97)