


**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90175 017 \*\*\*\*61.25

|                                                                                                        |                                                                                   |                                                                                                   |
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| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b>                                                  |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # N39628</b><br>1. Corporation Name<br><b>HAMILTON POINTE HOMEOWNERS ASSOCIATION, INC.</b> |                                                                                   |                                                                                                   |
| Principal Place of Business<br>P O BOX 3096<br>WINTER HAVEN FL 33881                                   | Mailing Address<br>P O BOX 3096<br>WINTER HAVEN FL 33881                          |                                                                                                   |



|                                      |                           |                                                                                                             |
|--------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>08/08/1990                                                             |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-3113581                                                                                 |
| City & State<br>23                   | City & State<br>28        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |
| Zip<br>24                            | Country<br>25             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

|                                                                                                                            |                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br><br>STEWART, TERRY<br>325 HAMILTON SHORE DR NE<br>WINTER HAVEN FL 33880 | 10. Name and Address of New Registered Agent<br>81 Name<br>Swain Realty Inc.<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>814 Spring Lake Square<br>83 P.O. Box 3096<br>84 City<br>Winter Haven FL 85 Zip Code<br>33885 |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Pat Cline* (NOTE: Registered Agent signature required when reinstating) DATE: 5-10-99

| 12. OFFICERS AND DIRECTORS                     |                                                                                                                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |                                                                                                                                                            |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>STEWART, TERRY<br>325 HAMILTON SHORE DR NE<br>WINTER HAVEN FL 33881 <input checked="" type="checkbox"/> DELETE   | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | DP<br>Fiddelke, MIKE<br>417 Horseshoe Lane<br>Winter Haven, FL 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>FIDDELKE, MIKE<br>412 HORSESHOE LANE<br>WINTER HAVEN FL 33881 <input checked="" type="checkbox"/> DELETE        | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | VPD<br>Caretoot, George<br>313 Hamilton Shore DR NE<br>Winter Haven, FL 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>CARETOOT, GEORGE<br>313 HAMILTON SHORE DR NE<br>WINTER HAVEN FL 33881 <input checked="" type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | SD<br>Rafool, Ray<br>302 Hamilton Shore DR NE<br>WINTER HAVEN, FL 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                        | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                        | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                        | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *Pat Cline* SIGNATURE REQUIRED  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 4-26-99 741-299-9019  
 Date Daytime Phone #

CR2E037 (1/98)