


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90237 035 ****61.25

DOCUMENT # N39628
 1. Entity 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
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DO NOT WRITE IN THIS SPACE



01212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3113581	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 SWAIN REALTY INC.
 814 SPRING LAKE SQUARE
 P.O. BOX 3096
 WINTER HAVEN, FL 33885

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bill Costello <i>Bill Costello</i> 406 HORSESHOE LANE NE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GIACOMUZZI, PAUL 345 HAMILTON SHORES DR. WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REINEKE, JOHN 305 HAMILTON SHORES DR. WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VERRILL, PETER 305 HAMILTON SHORES DR. WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Shirley Refool</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #