


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N39628**  
 1. Entity Name  
**HAMILTON POINTE HOMEOWNERS ASSOCIATION, INC.**



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

**DO NOT WRITE IN THIS SPACE**



03202006 No Chg-NP      CR2E037 (11/05)

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

8. 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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9. 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 reappointing)

**Filing Fee is \$61.25 Due by May 1, 2006**

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 COSTELLO, BILL 406 HORSESHOE LANE NE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIACOMUZZI, PAUL 345 HAMILTON SHORES DR. WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TO 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	
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U00000515416  
 04/23/06-80209-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *John S. Reineke*      **John S. Reineke**      **4/11/06**      **863 293-6502**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #