

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 22, 2009
Secretary of State**

DOCUMENT# N39628

Entity Name: HAMILTON POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

400 AVENUE K SE
BLDG 3
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

P O BOX 3096
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-3113581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWAIN REALTY INC.
400 AVENUE K SE BLDG 3
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YOUNG, JANE
Address: 506 HAMILTON SHORE COURT NORTH
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: CHENEY, LON
Address: 327 HAMILTON SHORE DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: TD () Delete
Name: KILMER, CHARLIE
Address: 404 HORSHOE LANE NORTH
City-St-Zip: WINTER HAVEN, FL 33881

Title: SD () Delete
Name: DAVIS, DONNA
Address: 320 HAMILTON SHORE DRIVE NORTH
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLIE KILMER

TD

01/22/2009

Electronic Signature of Signing Officer or Director

_____ Date