

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 APR 19 AM 8:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

<p>CORPORATION ANNUAL REPORT 1995</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS</p>
--	---	--

DOCUMENT # N92000000754 (3)
1. Corporation Name
HAMILTON PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 731 HAMILTON PLACE DR. LAKELAND FL 33813	Mailing Address 731 HAMILTON PLACE DR. LAKELAND FL 33813
--	--

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 12/11/1992	3a. Date of Last Report 06/03/1994
4. FEI Number 59-3190678	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
--	---

9. Name and Address of Current Registered Agent

**LUEBKING, JOANN
731 HAMILTON PLACE DR.
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *No Change* *John Luebking* *4/12/95*

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PARRISH, MICHAEL
STREET ADDRESS	942 HAMILTON PLACE LANE
CITY - ST - ZIP	LAKELAND FL 33813
TITLE	VD
NAME	MADDOX, E.
STREET ADDRESS	803 HAMILTON PLACE DR.
CITY - ST - ZIP	LAKELAND FL 33813
TITLE	SD
NAME	MADDOX, CINDY
STREET ADDRESS	803 HAMILTON PLACE DR.
CITY - ST - ZIP	LAKELAND FL 33813
TITLE	TD
NAME	LUEBKING, JOANN
STREET ADDRESS	731 HAMILTON PLACE DRIVE
CITY - ST - ZIP	LAKELAND FL 33813
TITLE	D
NAME	HORVOTH, JOE
STREET ADDRESS	745 HAMILTON PLACE DRIVE
CITY - ST - ZIP	LAKELAND FL 33813
TITLE	D
NAME	LUEBKING, CARL
STREET ADDRESS	731 HAMILTON PLACE DRIVE
CITY - ST - ZIP	LAKELAND FL 33813

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *John Luebking* *4/12/95* *813-697-5736*