

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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**

3. Date Incorporated or Qualified: **12/11/1992**
3a. Date of Last Report: **04/19/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3190678	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. Country	30. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LUEBKING, JOANN 731 HAMILTON PLACE DR. LAKELAND FL 33813		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. Zip Code

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, MICHAEL	1.2 NAME	
STREET ADDRESS	842 HAMILTON PLACE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDOX, E.	2.2 NAME	
STREET ADDRESS	803 HAMILTON PLACE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDOX, CINDY	3.2 NAME	
STREET ADDRESS	803 HAMILTON PLACE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUEBKING, JOANN	4.2 NAME	
STREET ADDRESS	731 HAMILTON PLACE DRIVE	4.3 STREET ADDRESS	800001788098
CITY-ST-ZIP	LAKELAND FL 33813	4.4 CITY-ST-ZIP	-04/22/96--01019--015
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORVOTH, JOE	5.2 NAME	**\$61.25
STREET ADDRESS	745 HAMILTON PLACE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUEBKING, CARL	6.2 NAME	
STREET ADDRESS	731 HAMILTON PLACE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	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: *Joann Luebking* **Treasurer**
Date: **4/14/96** Daytime Phone #: **843/754-5565**
Home Phone #: **941-647-9736**

CR2E037 (12/95)

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