


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State

0057247

04-27-1999 90203 038 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000754

1. Corporation Name
HAMILTON PLACE HOMEOWNERS ASSOCIATION, INC.

434107 - 90203 - 38

Principal Place of Business 731 HAMILTON PLACE DR. LAKELAND FL 33813	Mailing Address 731 HAMILTON PLACE DR. LAKELAND FL 33813
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 12/11/1992	4. FEI Number 59-3190678	Applied For Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24. Zip	25. Country	29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
				\$5.00 May Be Added to Fees

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	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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUEBKING, CARL	
STREET ADDRESS	231 HAMILTON PL DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BRENNER, DAN	
STREET ADDRESS	816 HAMILTON PL DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MALZONE, LINDA	
STREET ADDRESS	730 HAMILTON PL DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LUEBKING, JOANN	
STREET ADDRESS	731 HAMILTON PLACE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARRISH, MIKE	
STREET ADDRESS	942 HAMILTON PL LN	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAKHANY, AMER	
STREET ADDRESS	935 HAMILTON PL LN	
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mike Parrish	
2.3 STREET ADDRESS	942 Hamilton Pl. LN.	
2.4 CITY-ST-ZIP	Lakeland, FL 33813	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Rod SheaPP	
5.3 STREET ADDRESS	802 Hamilton Pl. Dr.	
5.4 CITY-ST-ZIP	Lakeland, FL 33813	
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 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 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED Luebking 4/23/99 841-647-9736

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

CR2E037 (1/98)