

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000754

1. Entity Name

HAMILTON PLACE HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90003 010 ****61.25

Principal Place of Business

Mailing Address

731 HAMILTON PLACE DR.
 LAKELAND FL 33813

731 HAMILTON PLACE DR.
 LAKELAND FL 33813-2664



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3190678

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUEBKING, JOANN
 731 HAMILTON PLACE DR.
 LAKELAND FL 33813

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUEBKING, CARL	NAME	
STREET ADDRESS	231 HAMILTON PL DR	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, MIKE	NAME	
STREET ADDRESS	942 HAMILTON PL LN	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALZONE, LINDA	NAME	Marie Horton
STREET ADDRESS	730 HAMILTON PL DR	STREET ADDRESS	934 Hamilton Pl. Lane
CITY-ST-ZIP	LAKELAND FL 33813	CITY-ST-ZIP	Lakeland, FL 33813
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUEBKING, JOANN	NAME	
STREET ADDRESS	731 HAMILTON PLACE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOAFF, ROD	NAME	Schoaff, Rod
STREET ADDRESS	802 HAMILTON PL DR	STREET ADDRESS	802 Hamilton Pl. Dr.
CITY-ST-ZIP	LAKELAND FL 33813	CITY-ST-ZIP	Lakeland, FL 33813
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKHANY, AMER	NAME	Harold Stine
STREET ADDRESS	935 HAMILTON PL LN	STREET ADDRESS	915 Hamilton Pl. DR
CITY-ST-ZIP	LAKELAND FL 33813	CITY-ST-ZIP	Lakeland, FL 33813

12. 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 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: JOANN LUEBKING

4/9/00

863-647-9736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR12E037 (9/99)