

FILED

4 Jun 15, 2001 8:00 am
Secretary of State

04-18-2001 90112 029 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000754

1. Entity Name

HAMILTON PLACE HOMEOWNERS ASSOCIATION, INC. CA

Principal Place of Business

731 HAMILTON PLACE DR.
LAKELAND FL 33813

Mailing Address

731 HAMILTON PLACE DR.
LAKELAND FL 33813

2. Principal Place of Business

910 Hamilton Place Ln.

3. Mailing Address

910 Hamilton Place Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Lakeland FL

City & State
Lakeland FL

4. FEI Number
59-3190678

Applied For
Not Applicable

Zip
33813

Country
Polk

Zip
33813

Country
Polk

5. Certificate of State Deed \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUEBKING, JOANN
731 HAMILTON PLACE DR.
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name: James M. Grasse
Street Address (P.O. Box Number is Not Acceptable): 910 Hamilton Place Lane
City: Lakeland FL Zip Code: 33813

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 Joann Luebking

1/22/01

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

(NOTE: Registered Agent signature required with 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

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LUEBKING, CARL 231 HAMILTON PL DR LAKELAND FL 33813 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PARRISH, MIKE 942 HAMILTON PL LN LAKELAND FL 33813 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HORTON, MARIE 934 HAMILTON PL LANE LAKELAND FL 33813 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LUEBKING, JOANN 731 HAMILTON PLACE DRIVE LAKELAND FL 33813 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHOAFF, ROD 802 HAMILTON PL DR LAKELAND FL 33813 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STINE, HAROLD 915 HAMILTON PL DR LAKELAND FL 33813 | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pres Joann Luebking 731 Hamilton Place Dr. Lakeland, FL 33813 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President James Horton 934 Hamilton Place Ln. Lakeland, FL 33813 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary James M. Grasse 910 Hamilton Place Lane Lakeland, FL 33813 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer James M. Grasse 910 Hamilton Place Lane Lakeland, FL 33813 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR26037 (10/00)