

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

04-18-2001 90112 029 *****61:25
09-10-2001 90053 022 *****61:25

N9200000754 FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 18 PM 3:50

DOCUMENT # N9200000754
1. Entity Name
HAMILTON PLACE HOMEOWNERS ASSOCIATION, INC.

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

2. Principal Place of Business 3. Mailing Address
910 Hamilton Place Lane 910 Hamilton Place Lane
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lakeland, Fl. 33813 Lakeland, Fl.
Zip 33813 Country Polk Zip 33813 Country Polk

4. FEI Number 59-3190678 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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: James M. Grasse Treasurer 8/11/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25
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 type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SO 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 type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHOFF, 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 | PD Jana Thavarajah 831 Hamilton Place Dr. Lakeland, Fl. 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD 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 | D Mason Gathwright 926 Hamilton Place Lane Lakeland, Fl. 33813 <input checked="" 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)(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 817, 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: James M. Grasse Treasurer 8/11/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CREC037 (5/01)