


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N92000000754

1. Entity Name
HAMILTON PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**910 HAMILTON PLACE LANE
 LAKELAND, FL 33813**

Mailing Address
**910 HAMILTON PLACE LANE
 LAKELAND, FL 33813**



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3190678 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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6. Name and Address of Current Registered Agent

**GRASSE, JAMES M
 910 HAMILTON PLACE LANE
 LAKELAND, FL 33813**

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUABKING, CARL 731 HAMILTON PLACE DRIVE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARRISH, MIKE 942 HAMILTON PL LN LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM STINE, GERRY 915 HAMILTON PLACE DRIVE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTS, STEVE 716 HAMILTON PL DR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRASSE, JAMES M 910 HAMILTON PLACE LANE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATHWRIGHT, MASON 926 HAMILTON PLACE LANE LAKELAND, FL 33813

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 01/23/06-80010-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James M. Grasse 1/13/06

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

JAMES M. GRASSE