


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90134 037 ****61.25

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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3190678	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRASSE, JAMES M 910 HAMILTON PLACE LANE 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUABKING, CARL		NAME	Randy Hollen	
STREET ADDRESS	731 HAMILTON PLACE DRIVE		STREET ADDRESS	717 Hamilton PL Dr	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	P	<input type="checkbox"/> Delete	TITLE	U.P.	<input checked="" 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	BM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINE, GERRY		NAME		
STREET ADDRESS	915 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 type="checkbox"/> Addition
NAME	BETTS, STEVE		NAME	C.N. Patel	
STREET ADDRESS	716 HAMILTON PL DR		STREET ADDRESS	730 Hamilton PL Dr	
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	GRASSE, JAMES M		NAME		
STREET ADDRESS	910 HAMILTON PLACE LANE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATHWRIGHT, MASON		NAME	Pres Kevin Alderman	
STREET ADDRESS	926 HAMILTON PLACE LANE		STREET ADDRESS	934 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 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: <u>James Grasse</u>				Date: <u>4/3/07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

