


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N92000000754 1. Entity Name HAMILTON PLACE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 910 HAMILTON PLACE LANE LAKELAND, FL 33813	Mailing Address 910 HAMILTON PLACE LANE LAKELAND, FL 33813
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01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3190678	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000937797 05/27/08-80063-019 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLLEN, RANDY 717 HAMILTON PLACE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 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 PATEL, C.N. 730 HAMILTON PLACE 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	P ALDERMAN, KEVIN 934 HAMILTON PLACE LAKELAND, FL 33813

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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 4/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #