

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000754

FILED
Apr 16, 2009
Secretary of State

Entity Name: HAMILTON PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

910 HAMILTON PLACE LANE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

910 HAMILTON PLACE LANE
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-3190678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: HOLLEN, RANDY
Address: 717 HAMILTON PLACE
City-St-Zip: LAKELAND, FL 33813

Title: V () Delete
Name: PARRISH, MIKE
Address: 942 HAMILTON PL LN
City-St-Zip: LAKELAND, FL 33813

Title: BM () Delete
Name: STINE, GERRY
Address: 915 HAMILTON PLACE DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: PATEL, C.N.
Address: 730 HAMILTON PLACE
City-St-Zip: LAKELAND, FL 33813

Title: TD () Delete
Name: GRASSE, JAMES M
Address: 910 HAMILTON PLACE LANE
City-St-Zip: LAKELAND, FL 33813

Title: P () Delete
Name: ALDERMAN, KEVIN
Address: 934 HAMILTON PLACE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MADDOX, CINDY
Address: 803 HAMILTON PLACE DR
City-St-Zip: LAKELAND, FL 33813

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES GRASSE

Electronic Signature of Signing Officer or Director

TREA

04/16/2009

Date