

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005100

Entity Name: HAMILTON AT LUCAYA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2685 HORSESHOE DR. S. #215
NAPLES, FL 34104**Current Mailing Address:**2685 HORSESHOE DRIVE S #215
NAPLES, FL 34104 US**FEI Number:** 20-4997487**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROETZEL & ANDRESS
2320 FIRST ST., STE 1000
FORT MYERS, FL 33901 US*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:** SARAH SPECTOR

04/16/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name REEVES, STEVEN
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH STE
215
City-State-Zip: NAPLES FL 34104

Title SECRETARY, TREASURER
Name FITZGERALD, MARK
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH STE
215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name GRIPPO, GEORGE
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH STE
215
City-State-Zip: NAPLES FL 34104

Title PRESIDENT
Name DAVIS, BOB
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH STE
215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name BURLICK, MARGARET
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH STE
215
City-State-Zip: NAPLES FL 34104

I hereby 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 all other like empowered.

SIGNATURE: BOB DAVIS

PR

04/16/2019

Electronic Signature of Signing Officer/Director Detail

Date