

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39628

**Entity Name:** HAMILTON POINTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

301 3RD. ST. NW.  
SUITE # 205  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

P O BOX 3096  
WINTER HAVEN, FL 33885

**FEI Number: 59-3113581**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SOUTHERN PROFESSIONAL REAL ESTATE  
301 3RD. ST. NW.  
SUITE # 205  
WINTER HAVEN, FL 33881 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: PATTY CLINE**

**03/09/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TD  
Name MCCAIN, MACK  
Address 315 HAMILTON SHORE DR  
City-State-Zip: WINTER HAVEN FL 33881

Title SECRETARY  
Name VERRILL, PETER  
Address 305 HAMILTON SHORE DR NORTH  
City-State-Zip: WINTER HAVEN FL 33881

Title PRESIDENT  
Name BAYKO, LINDA  
Address 214 INVERNESS WAY NE  
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR  
Name GIACAMUZZI, CHERYL  
Address 345 HAMILTON SHORE DR.  
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR  
Name VONRAUTENKRANZ, CHRIS  
Address 607 HORSESHOE CT. NE  
City-State-Zip: WINTER HAVEN FL 33881

Title VP  
Name HASSETT, TIM  
Address 423 HORSESHOE LN NE  
City-State-Zip: WINTER HAVEN FL 33881

*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: MACK MCCAIN**

**TREASURER**

**03/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date