

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735443

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: HAMILTON HOUSE CONDOMINIUM APARTMENTS, INC.

**Current Principal Place of Business:**

%1213 S. OCEAN BLVD.  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

%1213 S. OCEAN BLVD.  
DELRAY BEACH, FL 33483

**New Mailing Address:**

FEI Number: 59-1696124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHITE, SHARON  
1213 S OCEAN BLVD  
DELRAY BCH, FL 33483 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: TD ( ) Delete  
Name: DROUT, DAN SR.  
Address: 804 NORTH PONDEROSA DRIVE  
City-St-Zip: HARTLAND, WI 16415

Title: D ( ) Delete  
Name: BERNSTEIN, JOSEPH L  
Address: 2116 ROYAL RIDGE DRIVE  
City-St-Zip: NORTHBROOK, IL 60062

Title: SD ( ) Delete  
Name: BUONANNO, JOSEPH E  
Address: 681 MAINSTREET  
City-St-Zip: WAKEFIELD, RI

Title: PD (X) Delete  
Name: ABRAMSON, HERBERT  
Address: 50 COUNTRYSIDE RD  
City-St-Zip: NEWTON, MA 02159

Title: VP ( ) Delete  
Name: BREDE, JOHN  
Address: 28717 HIDDEN TRAIL  
City-St-Zip: FARMINGTON, MI 48331

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: ABRAMSON, HERBERT  
Address: 50 COUNTRYSIDE ROAD  
City-St-Zip: NEWTON CENTRE, MA 02459

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

Title: SECT (X) Change ( ) Addition  
Name: BUONANNO, JOSEPH E  
Address: 681 MAINSTREET  
City-St-Zip: WAKEFIELD, RI

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 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: HERBERT ABRAMSON

PRES

01/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date