

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L14319 (2)
1. Corporation Name
HAMILTON CLUB DEVELOPMENT CORPORATION

Principal Place of Business 405 FIFTH AVE. S. #6 NAPLES FL 33940	Mailing Address 405 FIFTH AVE. S. #6 NAPLES FL 33940
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 365 5th AVE SO Suite, Apt. #, etc. 22 # 201 City & State 23 NAPLES, FL Zip 24 34102		2a. Mailing Address 26 365 5th AVE SO Suite, Apt. #, etc. 27 201 City & State 28 NAPLES FL Zip 29 34102		3. Date Incorporated or Qualified 09/08/1989	
25 USA		30 USA		4. FEI Number 58-1858016	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ANTARAMIAN, JACK J. 405 FIFTH AVE. S. #6 NAPLES FL 33940		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 365 5th AVE SO # 201 83 84 City NAPLES FL 85 Zip Code 34102	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTARAMIAN, JACK J.	1.2 NAME	
STREET ADDRESS	3725 FORT CHARLES DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASSIF, DAVID E.	2.2 NAME	
STREET ADDRESS	187 WORCESTER ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert W. Weinstein	3.2 NAME	
STREET ADDRESS	125 Summer St.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Boston, MA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 registrar or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with my address.

SIGNATURE _____ 4/22/98 941-194-0600

CR2E034 (10/97)