2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N03000000549



05-05-2008 90248 023 ****61.25

May 05, 2008 8:00 am Secretary of State

FILED

THE HAMILTON AND THE STE. GEORGE OFFICE CONDOMINIUM ASSOCIATION, INC.															
2799 N.W. BOCA RATON BLVD. 279 Suite 213 Sui				iling Address 199 N.W. BOCA RATON BLVD. ITE 213 ICA RATON, FL 33431											
2. Principal Place of Business - No P.O. Box #			3. Maili	3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01152008	Chg	-NP	ĺ	CR2E0:	37 (12/0	6)	
City & State			City & State				4. FEI Number 51-0449692			-			+	lied For Applicable	
Zip Country		Zip		Cot	untry		5. Certificate of Status Desired Serviced Fee Required								
	6. Name	and Address of Current	Registere	d Agent				7. Name and	Addre	ss of Ne	w Reg	Istered	Agent		
						Name									
GINNY L. GOLDMAN, P.A. 2799 N.W. BOCA RATON BLVD.					Street A	ddress (i	P.O. Box Numb	er is No	t Accep	table)	-				
SUITE 213 BOCA RA	_	334 31													
						City						FL	Zip (Code	
	named entitions of regis	ty submits this statement fo itered agent.	or the purpo	ose of changing its	register	red office o	r register	ed agent, or bo	ith, in th	e State o	of Floric	da. Iam	familiar v	vith, a	nd accept
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SIGNATURE	•														,
SIGNATURE		d or printed name of registered agent	and title if app	icable. (NOTE	: Registere	ed Agent signal	bure required	when reinstating)				DATE			<u> </u>
SIGNATURE	Signature, typed	d or printed name of registered agent see is \$61.25 Way 1, 2008	and title if appl	9. Election Can Trust Fund C	npaign F	Financing	bure required	when reinstating) \$5.00 May E Added to Fees				e chec	k payab	of Sta	ite 🦈
SIGNATURE	Signature, typed	e is \$61.25		9. Election Can	npaign F	Financing tion.		\$5.00 May 6			Florida	e chec a Depa	rtment o	of Sta	ite
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementar report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or duster employeed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an agraries, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CATY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #