2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED Jan 08, 2009 Secretary of State

Entity Name: THE HAMILTON AND THE STE. GEORGE OFFICE CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 2799 N.W. BOCA RATON BLVD. SUITE 213 BOCA RATON, FL 33431 **New Mailing Address: Current Mailing Address:** 2799 N.W. BOCA RATON BLVD. 500 NE SPANISH RIVER BLVD 18 SUITE 213 BOCA RATON, FL 33431 BOCA RATON, FL 33431 FEI Number: 51-0449692 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: GINNY L. GOLDMAN, P.A. MCKENZIE, JOHN L 500 NE SPÁNISH RIVER BLVD 18 2799 N.W. BOCA RATON BLVD. SUITE 213 BOCA RATON, FL 33431 BOCA RATON, FL 33431 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: JOHN L MCKENZIE 01/08/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CHALAS, DENNIS Name: Name: 2799 N.W. BOCA RATON BLVD. SUITE 216 Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GOLDMAN, GINNY L Name: Address: 2799 N.W. BOCA RATON BLVD. SUITE 213 Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: () Delete Title: () Change () Addition SPILLANE, MARK Name: Name: 2799 NE BOCA RATON BLVD #205 Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DENNIS CHALAS PD 01/08/2009