

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002676

FILED
Feb 06, 2009
Secretary of State

Entity Name: HAMILTON WEST OF CENTRAL FLORIDA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2045 SAN MARCOS DR
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

2045 SAN MARCOS DR
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 22-3883150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TENAGLIA, RICHARD A
C/O CREATIVE ASSOCIATION SERV. INC
2045 SAN MARCOS DR
WINTER HAVEN, FL 33880 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: PD () Delete
Name: ALLEN, JOHN
Address: 332 TOWHEE ROAD
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP () Delete
Name: JUSTICE, GARY
Address: 226 TOWHEE ROAD
City-St-Zip: WINTER HAVEN, FL 33881

Title: T () Delete
Name: BECHAMPS, GENE
Address: 231 TOWHEE ROAD
City-St-Zip: WINTER HAVEN, FL 33881

Title: S () Delete
Name: BONNES, MARY
Address: 235 TOWHEE ROAD
City-St-Zip: WINTER HAVEN, FL 33881

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALLEN, JOHN
Address: 332 TOWHEE ROAD
City-St-Zip: WINTER HAVEN, FL 33881

Title: D (X) Change () Addition
Name: JUSTICE, GARY
Address: 226 TOWHEE ROAD
City-St-Zip: WINTER HAVEN, FL 33881

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

Title: S (X) Change () Addition
Name: BONNER, MARY
Address: 235 TOWHEE ROAD
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP () Change (X) Addition
Name: BOELING, BRIAN
Address: 122 SANDERLING DR
City-St-Zip: WINTER HAVEN, FL 33881

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: JOHN ALLEN

P

02/06/2009

Electronic Signature of Signing Officer or Director

Date