

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90087 014 ****61.25

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DOCUMENT # N03000005947 1. Entity Name HAMILTON PLACE ASSOCIATION, INC.					
Principal Place of Business 100 EAST LINTON BLVD SUITE 205A DELRAY BEACH, FL 33483			Mailing Address 100 EAST LINTON BLVD SUITE 205A DELRAY BEACH, FL 33483		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 86-1079307	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'BRIEN, JAMES M 100 EAST LINTON BLVD SUITE 205A DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>James M. O'Brien</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARBARZ, LORRIE 285 SE 6TH AVE DELRAY BEACH, FL 33483	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARR, RICHARD 285 SE 6TH AVE DELRAY BEACH, FL 33483	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STO REDDY, SAMAT 285 SE 6TH AVE DELRAY BEACH, FL 33483	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P Anita Caer 285 SE 6th Ave - DeLray Beach FL 33483			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP Richard Gustin 285 SE 6th Ave DeLray Beach FL 33483			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T Deborah Petrelli 285 SE 6th Ave DeLray Beach FL 33483			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S Richard Caer 285 SE 6th Ave DeLray Beach FL 33483			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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 supplemental 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 receiver or trustee empowered 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 address, with all other like empowered.					
SIGNATURE: <u><i>Anita Caer</i></u> 1 April 2006 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					