2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 11, 2007 8:00 am Secretary of State DOCUMENT # N03000009467 04-11-2007 90039 049 ****61.25 HAMILTON PLACE PROPERTY OWNERS' ASSOCIATION OF PALM CITY, INC. Principal Place of Business Mailing Address 613 SW CAMDEN AVE 613 SW CAMDEN AVE STUART, FL 34994 STUART, FL 34994 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 812 Columbado Suite, Apt. #, etc. Suite, Apt. #, etc. 02212007 Cha-NP CR2E037 (12/06) City & State 4. FEI Number 20-1002043 City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 45P Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIUNTA, DAVID R Street Address (P.O. Box Number is Not Acceptable) 613 SW CAMDEN AVE STUART, FL 34994 8. The above named entity symits 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 register SIGNATURE Signature, typed or (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 **\$5.00** May Be Make check payable to Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE MR. TITLE ☐ Delete Change Change ☐ Addition GIUNTA, DAVID R PRES NAME NAME 872 Colverd. Ava 613 SW CAMDEN AVE STREET ADDRESS STREET ADDRESS STUART, FL 34994 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C1TY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THUE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 is pequired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee changed, or on an attachment with an add empowered to execute this report

Daytime Phone #