2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009467

FILED Jan 11, 2008 Secretary of State

Entity Name: HAMILTON PLACE PROPERTY OWNERS' ASSOCIATION OF PALM CITY, INC.

Current Principal Place of Business: New Principal Place of Business: 872 COLORADO AVE 4207 SW HIGH MEADOW AVE. PALM CITY, FL 34990 PALM CITY, FL 34990 **Current Mailing Address: New Mailing Address:** 4207 SW HIGH MEADOW AVE. 613 SW CAMDEN AVE STUART, FL 34994 PALM CITY, FL 34990 FEI Number: 20-1002043 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: GIUNTA, DAVID R MCINTYRE, BILL 872 COLORADO AVE 4207 SW HIGH MEADOW AVE. PALM CITY, FL 34990 US PALM CITY, FL 34990 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: WILLIAM C. MCINTYRE 01/11/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GIUNTA, DAVID R PRES MCINTYRE, BILL D,P,S Name: Name: 872 COLORADO AVE Address: 4207 SW HIGH MEADOW AVE. Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990 () Change (X) Addition Title: Title: () Delete Name: GIUNTA, DAVE D,T Name: Address: Address: 1650 W PROSPERITY WAY City-St-Zip: City-St-Zip: PALM CITY, FL 34990 Title: () Delete Title: () Change (X) Addition O'CONNELL, PATTY D,VP Name: Name: 1630 SW PROSPERITY WAY Address: Address: City-St-Zip: City-St-Zip: PALM CITY, FL 34990 Title: () Delete Title: MS. () Change (X) Addition SCHERFF, JUDY D Name: Name: 1611 SW PROSPERITY WAY Address: Address: City-St-Zip: City-St-Zip: PALM CITY, FL 34990 Title: () Delete Title: () Change (X) Addition CRAWFORD, DOUG D Name: Name: 1620 SW PROSPERITY WAY Address: Address: City-St-Zip: City-St-Zip: PALM CITY, FL 34990

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: BILL MCINTYRE P 01/11/2008