2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N03000009467

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

Current Principal Place of Business:

4207 SW HIGH MEADOW AVE.
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

4207 SW HIGH MEADOW AVE.
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 20-1002043 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCINTYRE, BILL
4207 SW HIGH MEADOW AVE.
PALM CITY, FL 34990 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: DPS ( ) Delete
Name: MCINTYRE, BILL
Address: 4207 SW HIGH MEADOW AVE.
City-St-Zip: PALM CITY, FL 34990

Title: DT ( ) Delete
Name: GIUNTA, DAVE
Address: 1650 W PROSPERITY WAY
City-St-Zip: PALM CITY, FL 34990

Title: DVP ( ) Delete
Name: O'CONNELL, PATTY
Address: 1630 SW PROSPERITY WAY
City-St-Zip: PALM CITY, FL 34990

Title: D (X) Delete
Name: SCHERFF, JUDY
Address: 1611 SW PROSPERITY WAY
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete
Name: CRAWFORD, DOUG
Address: 1620 SW PROSPERITY WAY
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MCINTYRE, BILL
Address: 4207 SW HIGH MEADOW AVE.
City-St-Zip: PALM CITY, FL 34990

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: BILL MCINTYRE P 01/16/2009

Electronic Signature of Signing Officer or Director — Date