

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

02-16-2005 90029 005 ****61.25

DOCUMENT # N04000006062						
1. Entity Name THE HAMILTON PLACE AT HOMESTEAD HOMEOWNERS' ASSOCIATION, INC.						
Principal Place of Business 4595 N.W. 37TH COURT MIAMI, FL 33142			Mailing Address 4595 N.W. 37TH COURT MIAMI, FL 33142			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 20-2635949		
5. Certificate of Status Desired ☐				Applied For Not Applicable		
6. Name and Address of Current Registered Agent RODRIGUEZ, JOSE A BERMAN, RENNERT VOGEL & MANDLER, P.A. 100 SE 2ND STREET, SUITE 2900 MIAMI, FL 33131				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 _____ (NOTE: Registered Agent signature required when reappointing)						
Filing Fee is \$81.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CICCERO, MATTHEW J 4595 N.W. 37TH COURT MIAMI, FL 33142		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RODRIGUEZ, JOSE A 100 SE 2ND STREET, SUITE 2900 MIAMI, FL 33131		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD URQUIOLA, JOANNE R 100 SE 2ND STREET, SUITE 2900 MIAMI, FL 33131		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <i>MAT CICCERO</i>						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date: 4/6/05 Daytime Phone #: 305-637-3699						

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