
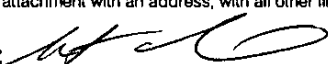


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90224 024 \*\*\*\*61.25

<b>DOCUMENT # N04000006062</b>		
1. Entity Name THE HAMILTON PLACE AT HOMESTEAD HOMEOWNERS' ASSOCIATION, INC.		
Principal Place of Business 3100 NW 72 AVENUE SUITE 113 MIAMI, FL 33122		Mailing Address 3100 NW 72 AVENUE SUITE 113 MIAMI, FL 33122
<b>DO NOT WRITE IN THIS SPACE</b>		
		04232007 No Chg-NP CR2E037 (4/06)
4. FEI Number 20-2635949		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
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		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CICERO, MATTHEW J 3100 NW 72 AVENUE, STE 113 MIAMI, FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RODRIGUEZ, JOSE A 100 SE 2ND STREET, SUITE 2900 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD URQUIOLA, JOANNE R 100 SE 2ND STREET, SUITE 2900 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 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:  MATTHEW CICERO		4/23/07 305-637-3699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #