

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000006062**

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**



01092008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-2635949**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 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**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000911368  
05/07/08-80037-024 61.25

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CICERO, MATTHEW J  
STREET ADDRESS 3100 NW 72 AVENUE, STE 113  
CITY-ST-ZIP MIAMI, FL 33122

TITLE VSD  
NAME RODRIGUEZ, JOSE A  
STREET ADDRESS 100 SE 2ND STREET, SUITE 2900  
CITY-ST-ZIP MIAMI, FL 33131

TITLE TD  
NAME URQUIOLA, JOANNE R  
STREET ADDRESS 100 SE 2ND STREET, SUITE 2900  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAT CICERO