

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007104

FILED
Apr 04, 2007
Secretary of State

Entity Name: HAMILTON PLACE RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-1482812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: PD (X) Delete
Name: KILLOUGH, KEVIN
Address: 5136 FILMORE PL
City-St-Zip: SANFORD, FL 32773

Title: VPD () Delete
Name: YOUNG, STEFAN
Address: 5105 FILMORE PL
City-St-Zip: SANFORD, FL 32773

Title: STD () Delete
Name: KEENE, PAMELA
Address: 516 WOOLLEY DR
City-St-Zip: NEPTUNE, NJ 07753

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: YOUNG, SHAWNA
Address: 5105 FILMORE PL
City-St-Zip: SANFORD, FL 32773

Title: VPD (X) Change () Addition
Name: KEENE, PAMELA
Address: 5176 FILMORE PL
City-St-Zip: SANFORD, FL 32773

Title: STD () Change (X) Addition
Name: NORDEN, LASHAWN
Address: 5101 FILMORE PL
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the 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: SHAWNA YOUNG

PD

04/04/2007

Electronic Signature of Signing Officer or Director

Date