

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N05000010862

1. Entity Name
HAMILTON CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**1521 LENOX AVE
MIAMI BEACH, FL 33139**

Mailing Address

**1300 COLLINS AVENUE
SUITE 100
MIAMI BEACH, FL 33139**



02222008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3727191

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHERMAN, THOMAS G
218 ALMERIA AVENUE
CORAL GABLES, FL 33134**

**DO NOT WRITE
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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHLESSER, MELVYN
STREET ADDRESS 1300 COLLINS AVENUE SUITE 100
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE VD
NAME LEEDS, ARTHUR
STREET ADDRESS 1300 COLLINS AVENUE SUITE 100
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE STD
NAME GERSHON, ROBERT
STREET ADDRESS 1300 COLLINS AVENUE SUITE 100
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 the address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melvyn Schlessor

Date

Daytime Phone #

2/26/08 305-531-3155