

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000362

FILED
Jan 15, 2008
Secretary of State

Entity Name: HAMILTON JAI ALAI ASSOCIATION, INC.

Current Principal Place of Business:

6968 US HWY 129 SOUTH
JASPER, FL 32052

New Principal Place of Business:

Current Mailing Address:

6968 US HWY 129 SOUTH
JASPER, FL 32052

New Mailing Address:

FEI Number: 33-1150897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PITA, KATHY
6887 NW CR 152
JENNINGS, FL 32053 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: D () Delete
Name: ELIZALDE, JUAN F
Address: 5400 NW 39TH AVE. APT 159
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: FERRAGUT, RAFAEL
Address: 11103 JOEL CT
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: MELO, MIGUEL
Address: 7407 SW 45TH PLACE APT N-B
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: RODRIGUEZ, RICARDO
Address: 9430 SOMBRERO AVE
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: RUBIO, JAIME
Address: 5112 CAMELOT CT
City-St-Zip: LAKE PARK, GA 61636

Title: D () Delete
Name: PITA, CARLOS
Address: 6887 NW CR 152
City-St-Zip: JENNINGS, FL 32052

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CARLOS PITA

D

01/15/2008

Electronic Signature of Signing Officer or Director

Date