2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N15692

Entity Name: HAMILTON PLACE CONDOMINIUM ASSOCIATION OF TAMPA, INC.

Current Principal Place of Business:

1207 N. HIMES AVE
STE 3
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

1207 N. HIMES AVE
STE 3
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-2748418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNIQUE PROPERTY SERVICES INC.
1207 N. HIMES AVE
STE 3
TAMPA, FL 33067 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 ( ) Delete
Name: MORROW, PHILLIP
Address: 603 SOUTH MELVILLE
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: LOPEZ, YOLANDA
Address: 603 S MELVILLE #2
City-St-Zip: TAMPA, FL 33606

Title: T ( ) Delete
Name: KLEMAN, LAURI A
Address: 603 SOUTH MELVILLE #3
City-St-Zip: TAMPA, FL 33606

Title: VD ( ) Delete
Name: NEWCOMB, MEGAN
Address: 603 S MELVILLE 10
City-St-Zip: TAMPA, FL 33606

Title: SD ( ) Delete
Name: AYERS, WENDY
Address: 603 S. MELVILLE #12
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MORROW, PHILIP
Address: 603 SOUTH MELVILLE
City-St-Zip: TAMPA, FL 33606

Title: D (X) Change ( ) Addition
Name: MOYER, JOHN
Address: 603 S MELVILLE #19
City-St-Zip: TAMPA, FL 33606

Title: TD (X) Change ( ) Addition
Name: KLEMAN, LAURI A
Address: 603 SOUTH MELVILLE #3
City-St-Zip: TAMPA, FL 33606

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: PHILIP MORROW PD 04/30/2008

Electronic Signature of Signing Officer or Director — Date