
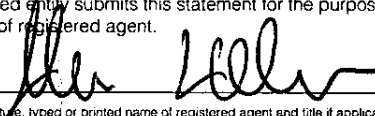
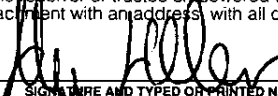


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 21, 2004 8:00 am**  
**Secretary of State**

06-21-2004 90003 033 \*\*\*\*61.25

|   |   |   |  |
|---|---|---|--|
| <b>DOCUMENT # N19950</b>  |   |                              |  |
| 1. Entity Name<br><b>HAMILTON PLACE II CONDOMINIUM ASSOCIATION OF TAMPA, INC.</b>   |   |   |  |
| Principal Place of Business<br><b>606 S ALBANY AVE<br/>SUITE 2<br/>TAMPA FL 33606<br/>US</b>  |   | Mailing Address<br><b>606 S ALBANY AVE<br/>SUITE 2<br/>TAMPA FL 33606<br/>US</b>                              |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>PO Box 320387</b><br><br>Suite, Apt. #, etc.   |  |
| City & State<br><b>TAMPA FL</b>   |   | 4. FEI Number<br><b>59-2890975</b>  |  |
| Zip<br><b>33679</b>   | Country<br><b>USA</b>   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>               |  |
| 6. Name and Address of Current Registered Agent<br><b>WINFIELD, JANET<br/>9300 N 16 STREET<br/>TAMPA FL 33612</b>   |   | 7. Name and Address of New Registered Agent<br><b>ALAN HELLER<br/>606 S. Albany Ave #6<br/>TAMPA FL 33606</b> |  |
| 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.<br><br>SIGNATURE  DATE <b>6/15/04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>  |   | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                    |  |
|   |   | <b>Make Check Payable to<br/>Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>CAROL, BESSE<br>606 S. ALBANY AVE. #9<br>TAMPA FL 33606 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>ALAN HELLER<br>606 S. ALBANY AVE. #6<br>TAMPA, FL 33606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>VASQUEZ, JUAN<br>606 S. ALBANY AVE #12<br>TAMPA FL 33606 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>STEVE, ZARYCKI<br>3109 W. KNIGHTS AVE<br>TAMPA FL 33611 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>BELLINGRATH, TINA<br>606 S ALBANY AVE #4<br>TAMPA FL 33606 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>KWOK, JENNIFER<br>606 S ALBANY AVE #16<br>TAMPA FL 33606 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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:  <b>ALAN HELLER</b>   |   | DATE <b>6/15/04</b> DAYTIME PHONE # <b>813-695-3643</b>   |  |

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MOORE CR2E037 (11/03)