

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90056 038 ****61.25

DOCUMENT # N19950

1. Entity Name
**HAMILTON PLACE II CONDOMINIUM ASSOCIATION OF
TAMPA, INC.**



Principal Place of Business
**606 S ALBANY AVE
SUITE 2
TAMPA, FL 33606 US**

Mailing Address
**PO BOX 320387
TAMPA, FL 33679 US**

50006303



2. Principal Place of Business
**13309 WINDING OAK CT
"B"**

3. Mailing Address
**218 E. BEARSS AVE
PMB 241**

01142005 Chg-NP CR2E037 (10/03)

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number
59-2890975

Applied For
Not Applicable

Zip
33612

Country
US

Zip
33613-1625

Country
US

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONDOMINIUM ALLIANCE MANAGEMENT CORP.
13309 WINDING OAK CT., SUITE B
TAMPA, FL 33612**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HELLER, ALAN
606 S. ALBANY AVE. #9
TAMPA, FL 33606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
KWOK, JENNIFER
606 S ALBANY AVE #16
TAMPA, FL 33606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V P
BELLINGRATH, MARC
606 S. ALBANY AVE #4
TAMPA FL 33606** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 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 an address, with all other like empowered.

SIGNATURE:

RAYMOND J. CRONIN

JANUARY 21, 2005 8139356633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #