2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 28, 2006 8:00 am Secretary of State **DOCUMENT # N19950** 04-28-2006 90181 027 ****61.25 HAMILTON PLACE II CONDOMINIUM ASSOCIATION OF TAMPA, INC. Principal Place of Business Mailing Address 40069840 13309 WINDING OAK COURT 218 EAST BEARSS AVENUE PMB 241 TAMPA, FL 33612 US TAMPA, FL 33613-1625 US 3. Mailing Address 218 E. BEARSS 2. Principal Place of Business 218 E. BEARSS Suite, Apt. #, etc Suite, Apt. #, etc. 04252006 Chg-NP CR2E037 (11/05) City & State 4. FEI Number 59-2890975 City & State Applied For TAmPA TamPA Not Applicable Country USA Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 33613 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALLIANCE MINGT, CORP MUINIMOONO CONDOMINIUM ALLIANCE MANAGEMENT CORP. Street Address (P.O. Box Number is Not Acceptable) 13309 WINDING OAK CT., SUITE B TAMPA, FL 33612 #241 TAMPA 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. resident SIGNATURE DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. П Due by May 1, 2006 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TD ☐ Delete TITLE Change ☐ Addition NAME HELLER, ALAN NAME STREET ADDRESS 606 S. ALBANY AVE. #9 STREET ADDRESS CITY-ST-ZIE **TAMPA, FL 33606** CITY-ST-ZIP TITLE v. Pres ☐ Delete Change TITLE ■ Addition KWOK, JENNIFER NAME NAME STREET ADDRESS 606 S ALBANY AVE #16 STREET ADDRESS CITY-ST-ZIP **TAMPA. FL 33606** CITY-ST-7IP TITLE Delete PRESIDENT TITLE **Change** ■ Addition BELLINGRATH, MARC NAME STREET ADDRESS 606 S ALBANY AVE #16 STREET ADDRESS TAMPA, FL 33606 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-12. I hereby certify that the information supplied with this filling 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 an address, without other information.

OF SIGNING OFFICER OR DIRECTOR

FILED