

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N19950

**FILED**  
**Nov 18, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

9212 LOST MILL DRIVE  
LAND -O- LAKES, FL 34638 US

**New Principal Place of Business:**

1332 W FLETCHER AVENUE  
TAMPA, FL 33612 US

**Current Mailing Address:**

P.O. BOX 17619  
TAMPA, FL 33682 US

**New Mailing Address:**

1332 W FLETCHER AVENUE  
TAMPA, FL 33612 US

**FEI Number:** 59-2890975

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONDOMINIUM ALLIANCE MNGT CORP  
9212 LOST MILL DRIVE  
LAND -O- LAKES, FL 34638 US

**Name and Address of New Registered Agent:**

DRUDY & ASSOCIATES INC  
1332 W FLETCHER AVENUE  
TAMPA, FL 33612 US

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: THOMAS DRUDY

11/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HELLER, ALAN  
Address: 606 S. ALBANY AVE. #9  
City-St-Zip: TAMPA, FL 33606

Title: S  
Name: GAVIN, RALPH  
Address: 606 S ALBANY AVE #16  
City-St-Zip: TAMPA, FL 33606

Title: T  
Name: LOCKE, BESSE  
Address: 606 S ALBANY AVE #9  
City-St-Zip: TAMPA, FL 33606

I hereby 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 all other like empowered.

SIGNATURE: ALAN HELLER

P

11/18/2011

Electronic Signature of Signing Officer or Director

Date