


FILE NOW: FILING FEE IS \$61.25

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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21907** (3)
1. Corporation Name
HAMILTON PLACE PROPERTY OWNERS' ASSOCIATION, INC



Principal Place of Business 5295 TOWN CENTER ROAD, SUITE 200 BOCA RATON FL 33486	Mailing Address 5295 TOWN CENTER ROAD, SUITE 200 BOCA RATON FL 33486-1088
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/05/1987		3a. Date of Last Report 02/12/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2788922		Applied For		Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ISAACSON, WILLIAM K 5295 TOWN CENTER ROAD SUITE 200 BOCA RATON FL 33486		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIEGEL, NED L	1.2 NAME	ROSENBERG, GERALD
STREET ADDRESS	1800 CORPORATE BLVD., SUITE 202	1.3 STREET ADDRESS	5442 NW 41 TERR
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FICHTER, LYNNE A	2.2 NAME	WALLQUIST, JAMES
STREET ADDRESS	1800 CORPORATE BLVD., SUITE 202	2.3 STREET ADDRESS	6434 NW 41 TERR
CITY-ST-ZIP	BOCA RATON FL 33431	2.4 CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASANOFF, MICHAEL	3.2 NAME	STONE, JEFFREY
STREET ADDRESS	1800 CORPORATE BLVD, SUITE 300	3.3 STREET ADDRESS	4178 NW 55 PL
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SCHWEITZER, NANCY
STREET ADDRESS		4.3 STREET ADDRESS	6446 NW 41 TERR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	SELTZER, NORMAN
STREET ADDRESS		5.3 STREET ADDRESS	4190 NW 55 PL
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GERALD ROSENBERG, PRES Date: 2/11/97 (561) 750-8800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0045018

CR2E037 (9/96)