

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90125 027 ****70.00

DOCUMENT # N21907

1. Entity 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 33486-1080**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2788922

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ISAACSON, WILLIAM K
5295 TOWN CENTER ROAD
SUITE 200
BOCA RATON FL 33486**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	ROSENBERG, GERALD	5442 NW 41 TERR	BOCA RATON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	WALLOQUEST, JAMES	5434 NW 41 TERR	BOCA RATON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	STONES JEFFREY	4178 NW 55 PL	BOCA RATON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	SCHWEITZER, NANCY	5466 NW 41 TERR	BOCA RATON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SELTZER, NORMAN	4190 NW 55 PL	BOCA RATON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)