

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90137 049 *****70.00

DOCUMENT # N21907

1. Entity Name

HAMILTON PLACE PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business

Mailing Address

~~5295 TOWN CENTER ROAD, SUITE 200~~
 BOCA RATON FL 33486

~~5295 TOWN CENTER ROAD, SUITE 200~~
 BOCA RATON FL 33486

2. Principal Place of Business

21045 COMMERCIAL TRAIL
 Suite, Apt. #, etc.

3. Mailing Address

21045 COMMERCIAL TRAIL
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

4. FEI Number

59-2788922

Applied For

Not Applicable

Zip

33486

Country

PALM BEACH

Zip

33486

Country

PALM BEACH

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

6. Name and Address of Current Registered Agent

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

21045 COMMERCIAL TRAIL
BOCA RATON, FL. 33486

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
 NAME **ROSENBERG, GERALD**
 STREET ADDRESS **5442 NW 41 TERR**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **VD** ☒ Delete
 NAME **WALLQUEST, JAMES**
 STREET ADDRESS **5434 NW 41 TERR**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **TD** ☒ Delete
 NAME **STONES JEFFREY**
 STREET ADDRESS **4173 NW 55 PL**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **SD** ☐ Delete
 NAME **SCHWEITZER, NANCY**
 STREET ADDRESS **5466 NW 41 TERR**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ Delete
 NAME **SELTZER, NORMAN**
 STREET ADDRESS **4190 NW 55 PL**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VD** ☐ Change ☒ Addition
 NAME **MARK GALE**
 STREET ADDRESS **5491 N.W. 41 TERRACE**
 CITY-ST-ZIP **BOCA RATON, FL. 33496**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **JOEL WOLK**
 STREET ADDRESS **4167 N.W. 55 PLACE**
 CITY-ST-ZIP **BOCA RATON, FL. 33496**

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

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

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

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 (10/00)