

DOCUMENT # N24690	
1. Entity Name	
HAMILTON COMMERCIAL CONDOMINIUM ASSOCIATION, INC	

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90042 046 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
245 N. TAMiami TRAIL SUITE C-1 VENICE FL 34285 US	1505 S TAMiami TR UNIT 405 VENICE FL 34292

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number	Applied For
65-0642883	<input type="checkbox"/> Not Applicable

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent
MORRIS, GEOFFREY 1505 S TAMiami TRAIL UNIT 405 VENICE FL 34292

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 <i>Geoff Morris</i>	1-8-01
Signature, typed or printed name of registered agent and title if applicable.	DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	--	--

10. OFFICERS AND DIRECTORS	
TITLE	STD <input type="checkbox"/> Delete
NAME	HAMILTON, ROBERT J.
STREET ADDRESS	245 N TAMiami TRAIL STE C-1
CITY - ST - ZIP	VENICE FL 34285
TITLE	PD <input type="checkbox"/> Delete
NAME	MORRIS, GEOFFREY D.
STREET ADDRESS	1505 SOUTH TAMiami TRAIL, UNIT 405
CITY - ST - ZIP	VENICE FL 34292
TITLE	D <input type="checkbox"/> Delete
NAME	MORRIS, PAMELA
STREET ADDRESS	1305 S TAMiami TRAIL UNIT 405
CITY - ST - ZIP	VENICE FL 34292
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Geoff Morris</i>	SIGNATURE REQUIRED	1-8-2001	941-484-0646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E037 (10/00)