


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 A.M.
Secretary of State

DOCUMENT # N24690 1. Entity Name HAMILTON COMMERCIAL CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 245 N. TAMiami TRAIL SUITE C-1 VENICE FL 34285 US		Mailing Address 1505 S TAMiami TR UNIT 405 VENICE FL 34285	
2. Principal Place of Business - 245 N. Tamiami Trail Suite E City & State Venice FL 34285 Zip Country		3. Mailing Address 245 N. Tamiami Trail Suite E City & State Venice FL 34285 Zip Country Sarasota	
4. FEI Number 65-0642883		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent MORRIS, GEOFFREY 1505 S TAMiami TRAIL UNIT 405 VENICE FL 34285		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 245 N. Tamiami Trail #E City Venice FL Zip Code 34285	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	STD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, ROBERT J.	NAME	900070795869
STREET ADDRESS	245 N TAMiami TRAIL STE C-1	STREET ADDRESS	04/18/06--01032--023 **111.25
CITY-ST-ZIP	VENICE FL 34285	CITY-ST-ZIP	
TITLE	PD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, GEOFFREY D.	NAME	245 N. Tamiami Trail #E
STREET ADDRESS	1505 SOUTH TAMiami TRAIL, UNIT 405	STREET ADDRESS	VENICE FL 34285
CITY-ST-ZIP	VENICE FL 34285	CITY-ST-ZIP	VENICE FL 34285
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, PAMELA	NAME	245 N. Tamiami Trail #E
STREET ADDRESS	1505 S TAMiami TRAIL UNIT 405	STREET ADDRESS	VENICE FL 34285
CITY-ST-ZIP	VENICE FL 34285	CITY-ST-ZIP	VENICE FL 34285
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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>Geoffrey Morris</i>		3/31/06	