

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90075 031 ****61.25

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03142007 Chg-NP CR2E037 (12/06)

DOCUMENT # N28832 1. Entity Name HAMILTON CLUB ASSOCIATION, INC.					
Principal Place of Business 1282 4TH ST. SARASOTA, FL 34236 US			Mailing Address 1282 4TH ST. SARASOTA, FL 34236 US		
2. Principal Place of Business - No P.O. Box # 40 Sarasota Center Blvd, Suite, Apt. #, etc. 108A		3. Mailing Address 40 Sarasota Center Blvd Suite, Apt. #, etc. 108A			
City & State Sarasota, FL		City & State Sarasota, FL		4. FEI Number 65-0347196	
Zip 34240		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACTION ASSOCIATION MANAGEMENT INC 1282 4TH ST. SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name: CMR Property Management, Inc Street Address (P.O. Box Number is Not Acceptable): 40 Sarasota Center Blvd, 108A City: Sarasota FL Zip Code: 34240	
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: <u>Donnie P. Melendy, CAM</u> <u>Donnie P. Melendy</u> <u>3/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	P DUMBAUGH, BARBARA 1282 4TH ST. SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Dumbaugh, Barbara 40 Sarasota Center Blvd, 108A Sarasota, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BERIO, JOSE DR 1282 4TH ST. SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC BERIO, IVELISSE 40 Sarasota Center Blvd, 108A Sarasota, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STRUTTON, PEGGY 1282 4TH ST. SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRUTTON, PEGGY 40 Sarasota Center Blvd, 108A Sarasota, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T OGILVIE, DAVID 40 SARASOTA CENTER BLVD, 108A SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WILLIAMS, BENNETT 40 Sarasota Center Blvd, 108A SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Barbara Dumbaugh</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date Daytime Phone #</small>	