


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90030 003 \*\*\*\*61.25

<b>DOCUMENT # N29266</b> 1. Entity Name <b>HAMILTON GLEN AT THE PLANTATION CONDOMINIUM OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>899 WOODBRIDGE DR. VENICE, FL 34293</b>			Mailing Address <b>899 WOODBRIDGE DR. VENICE, FL 34293</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>JORDAN, DONNA ADVANCED MANAGEMENT, INC. 899 WOODBRIDGE DR. VENICE, FL 34293</b>				7. Name and Address of New Registered Agent Name <b>Advanced Management of SW Fla.</b> Street Address (P.O. Box Number is Not Acceptable) <b>899 Woodbridge Dr.</b> City <b>Venice</b> <b>FL</b> Zip Code <b>34293</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRABOWSKI, JOHN 899 WOODBRIDGE DR VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Grabowski, John 899 Woodbridge Dr. Venice, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORONES, RUDY 899 WOODBRIDGE DRIVE VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Grossman, Fred 899 Woodbridge Dr. Venice, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRENGEL, THOMAS 899 WOODBRIDGE DR VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mueller, Gerhard 899 Woodbridge Dr. Venice, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE: <u>Gerhard D. Mueller</u> 27 Mar 2008</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

941-495-0287