2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29266

FILED Mar 23, 2009 Secretary of State

Entity Name: HAMILTON GLEN AT THE PLANTATION CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

899 WOODBRIDGE DR. VENICE, FL 34293

Current Mailing Address: New Mailing Address:

899 WOODBRIDGE DR. VENICE, FL 34293

FEI Number: 65-0139688 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADVANCED MANAGEMENT OF SW FLA. 899 WOODBRIDGE DR. VENICE, FL 34293 US

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 GRABOWSKI, JOHN
 Name:
 GOSSMAN, FRED

 Address:
 899 WOODBRIDGE DR
 Address:
 899 WOODBRIDGE DR

 City-St-Zip:
 VENICE, FL 34293
 VENICE, FL 34293

Title: VPD () Delete Title: VPD (X) Change () Addition
Name: JOSSMAN, FRED Name: KRENGEL, THOMAS
Address: 899 WOODBRIDGE DR
Address: 899 WOODBRIDGE DR

Address: 899 WOODBRIDGE DR. Address: 899 WOODBRIDGE DR. City-St-Zip: VENICE, FL 34293 City-St-Zip: VENICE, FL 34293

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 MUELLER, GERNARD
 Name:
 MUELLER, GERHARD

 Address:
 899 WOODBRIDGE DR.
 Address:
 899 WOODBRIDGE DR.

 City-St-Zip:
 VENICE, FL 34293
 City-St-Zip:
 VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERHARD MUELLER TD 03/23/2009