

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90237 035 ****61.25

DOCUMENT # N39628

1. Entity Name
HAMILTON POINTE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**P O BOX 3096
WINTER HAVEN, FL 33881**

Mailing Address
**P O BOX 3096
WINTER HAVEN, FL 33881**



01212005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3113581

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SWAIN REALTY INC.
814 SPRING LAKE SQUARE
P.O. BOX 3096
WINTER HAVEN, FL 33885**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ~~Bill Costello~~ *Bill Costello*
STREET ADDRESS ~~408 HORSESHOE LANE NE~~
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE VPD
NAME GIACOMUZZI, PAUL
STREET ADDRESS 345 HAMILTON SHORES DR.
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE TD
NAME REINEKE, JOHN
STREET ADDRESS 305 HAMILTON SHORES DR.
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE SD
NAME VERRILL, PETER
STREET ADDRESS 305 HAMILTON SHORES DR.
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE D
NAME *Shirley Refool*
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #