2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 18, 2007 8:00 am Secretary of State 04-18-2007 90173 007 ****61.25

DOCUMENT # N39628 1. Entity Name HAMILTON POINTE HOMEOWNERS ASSOCIATION, INC.)	4-18-2007	9017 3 00	7 ****61	25	
P 0 BOX 3096 P 0			lailing Address P 0 B0X 3096 WINTER HAVEN, FL 33881			φυσισισ				
2. Principal Place of Business - No P.O. Box #		* 3. Mai	ling Address							
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			03092007 CI	ng-NP	CR2E03	7 (12/06)	
City & State		Ci	City & State			4. FEI Number 59-311358	1			oplied For ot Applicable
Zip	Country	Zij		Cou	untry	5. Certificate of St			8.75 Add ee Require	litional d
	6. Name and Address of Cu	ırrent Registen	ed Agent		Name	7. Name and Add	ress of New R	legistered A	gent	
SWAIN REALTY INC. 814 SPRING LAKE SQUARE						s (P.O. Box Number is Not Acceptable)				
P.O. BOX : WINTER H	3096 IAVEN, FL 33885					<u> </u>				
			City					FL	Zip Code	6
	named entity submits this statentions of registered agent.	nent for the purp	oose of changing its	register	ed office or registe	ered agent, or both, in	the State of Fk	orida. I am f	amiliar with,	and accept
SIGNATURE .	_							_		
	Signature, honed or printed game of registers	or accept and little if any	oficetin (NOT	E. Clanintera		********		0.47		
	Signature, typed or printed name of registere	od agent and little if app	plicable. (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE	•	
	Signature, typed or printed name of registers Filling Fee is \$61.25 Due by May 1, 2007	od agent and title if ap	9. Election Car Trust Fund C	праідл F	inancing	\$5.00 May Be Added to Fees		DATE lake check rida Depart		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS A	nd agent and title if app	9. Election Car Trust Fund (mpaign F Contributi	Financing ion,	\$5.00 May Be	Floi	lake check rida Depart	ment of St	tate
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10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AT PD COSTELLO, BILL 406 HORSESHOE LANE N	ND DIRECTORS E 1	9. Election Car Trust Fund (TITU NAM STRE CITY NAM STRE	E E EET ADDRESSST-ZIP E	\$5.00 May Be Added to Fees	Floi	lake check rida Depart	ment of SI	tate
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Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute bits 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 exact proposed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR