


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90041 037 ****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		
2. Principal Place of Business - No P.O. Box # 400 Avenue K SE		3. Mailing Address Suite, Apt. #, etc. Bldg #3			
City & State Winter Haven, Florida		City & State Winter Haven, Florida		4. FEI Number 59-3113581	
Zip 33880		Country Polk		5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400 Avenue K SE, Bldg #3 City Winter Haven FL Zip Code 33880	
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 _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD COSTELLO, BILL 406 HORSESHOE LANE NE WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jane Young 506 Hamilton Shore Court North Winter Haven, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIACOMUZZI, PAUL 345 HAMILTON SHORES DR. WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lon Cheney 327 Hamilton Shore Drive Winter Haven, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REINEKE, JOHN 305 HAMILTON SHORES DR. WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Charlie Kilmer 404 Horseshoe Lane North Winter Haven, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VERRILL, PETER 305 HAMILTON SHORES DR. WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Donna Davis 320 Hamilton Shore Drive North Winter Haven, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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"/> Change <input type="checkbox"/> Addition		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.					
SIGNATURE: <u>Charles E. Kilmer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<u>3-10-08</u> Date	
				Daytime Phone #	