NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Natherine marns

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9200000411

Corporation Name

HAMILTON RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business P.O. BOX 3096 WINTER HAVEN FL 33885

2. Principal Place of Business

Suite, Apt. #, etc.

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Mailing Address

P.O. BOX 3096

2a. Mailing Address

Suite, Apt. #, etc.

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WINTER HAVEN FL 33885

FILED May 07, 1999 8:00 am § Secretary of State

05-07-1999 90024 041 ****61.25

* 5 1 3 5 2 3 513523 - 90024 - 41

3. Date Incorporated or Qualifed

11/16/1992

59-3133885

4. FEI Number



City & State	e	City & State			5. Ce	ertifcate of Sta	atus Desired	П	Addition		
23		28			J. 0.			<u> </u>	Fee Re	quired	
Zip 24	Country Zip 29 30			Country		I -	ection Campa rust Fund Cor	aign Financing atribution		\$5.00 Added t	, ,
24	9. Name and Address of Current	1				10. Na	ame and Add	tress of New I	Registered /	Agent	
		3 3		81	Name						
CWAIN D	DIAM V								- t- t - \		`
SWAIN, BRIAN K 814 HAVENDALE BLVD. WINTER HAVEN FL 33880					82 Street Address (P.O. Box Number is Not Acceptable)						
WINTER	1AVEN PL 33880										
				84	City		_		FL		Code
office or n	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such ch	ange was autho	rized by	the corpor	corporation su pration's board	ubmits this st d of directors	atement for the I hereby acce	purpose of optithe purpose of optithe purpose of the purpose of th	changing its itment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Reg	istered Agen	t signature rec	equired when reinst	tating)		DATE		
12.	OFFICERS AND		<u> </u>	13.	* · · ·			ANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	PD		DELETE	1.1 TITLE						Change	Addition
NAME	SWAIN, BRIAN K			1.2 NAME	i						,
STREET ADDRESS	PO BOX 3096 NA			1.3 STREET	ADDRESS						
CITY-ST-ZIP	WINTER HAVEN FL 33883-3096			1.4 CITY-S	T- Z!P						
TITLE	VD		DELETE	2.1 TITLE						Change	Addition
NAME	POLLART, HERBERT A			2.2 NAME							
STREET ADDRESS	1000 W LAKE HAMILTON DRIVE		J	2.3 STREET	TADORESS						
CITY-ST-ZIP	WINTER HAVEN FL 33884			2. 4 CITY-\$	T-ZIP						
TITLE	STD		DELETE	3.1 TITLE						Change	Addition
NAME	CLILNE, PAT			3.2 NAME							
STREET ADDRESS	PO BOX 3096 NA			3.3 STREET	ADDRESS						
CITY-ST-ZIP	WINTER HAVEN FL 33883-3096			3.4. CITY-S	T-ZIP						
TITLE			DELETE	4.1 TITLE						Change	☐ Addition
NAME				4, 2 NAME							ĺ
STREET ADDRESS				4.3 STREET	T ADDRESS						
CITY-ST-ZIP				4.4 CITY-S	T-ZIP						
TITLE	-		DELETE	5.1 TITLE						Change	☐ Addition
NAME				5.2 NAME	1						ĺ
STREET ADDRESS				5.3 STREET	T ADDRESS						ĺ
CITY-ST-ZIP				5.4 CITY-S	T-ZtP				•••	<u> </u>	
TITLE			DELETE	6.1 TITLE						Change	☐ Addition
NAME				6.2 NAME	ļ						
STREET ADDRESS				6.3 STREE	TADDRESS	İ					
CITY-ST-ZIP			1	6.4 CITY-S							
14. I hereby o	certify that the information supplied with	this filing does n	ot quality for the	exempt	ion stated	in Section 1	19.07(3)(i), FI	orida Statutes.	I further cert	tify that the i	nformation

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 annual report or supplemental annual peop it 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 received positives are required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an example of the corporation of the corporation of the received positives and that my name appears in Block 12 or Block 13 if changed, or on an example of the corporation of the received positive in the same legal effect as if made under oath; that I am an office or director of the corporation or the received positive in the same legal effect as if made under oath; that I am an office or director of the corporation or the received positive in the same legal effect as if made under oath; that I am an office or director of the corporation or the received positive in the same legal effect as if made under oath; that I am an office or director of the corporation or the received positive in the same legal effect as if made under oath; that I am an office or director of the corporation or the received positive in the same legal effect as if made under oath; that I am an office or director of the corporation or the received positive in the same legal effect as if made under oath; that I am an office or director of the corporation of the c

SIGNATURE:

NATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Date

Daytime Phone #

CR2E037 (11/98)

Applied For

Not Applicable