

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90019 045 ****61.25

DOCUMENT # N92000000411

1. Entity Name

HAMILTON RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

603 HERBS RD
WINTER HAVEN FL 33881

Mailing Address

603 HERBS RD
WINTER HAVEN FL 33881



2. Principal Place of Business - No P.O. Box #

1075 W. Lk. Hamilton Dr.
Suite, Apt. #, etc.

3. Mailing Address

1075 W. Lk. Hamilton Dr.
Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

Winter Haven, FL

City & State

Winter Haven, FL

4. FEI Number

59-3133885

Applied For

Not Applicable

Zip
33881

Country
USA

Zip
33881

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAGNER, SALLY A
603 HERB'S RD
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name
Mr. Robert Nathey

Street Address (P.O. Box Number is Not Acceptable)

1075 W. Lk. Hamilton Dr

City
Winter Haven

FL

Zip Code
33881

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

3-20-08

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature is used when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME WAGNER, SALLY A
STREET ADDRESS 603 HERB'S RD
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Robert Nathey
STREET ADDRESS 1075 W. Lk. Hamilton Dr.
CITY-ST-ZIP Winter Haven, FL 33881

TITLE ☒ Change ☐ Addition
NAME Sherry Knez
STREET ADDRESS 1105 W. Lk. Hamilton Dr.
CITY-ST-ZIP Winter Haven, FL 33881

TITLE ☒ Change ☐ Addition
NAME Rick Knez
STREET ADDRESS 1105 W. Lk. Hamilton Dr.
CITY-ST-ZIP Winter Haven, FL 33881

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

3-20-08