

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000173

FILED
Apr 29, 2008
Secretary of State

Entity Name: HAMILTON PLACE AT BERMUDA BAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2001 9TH AVENUE, SUITE #308
VERO BEACH, FL 32960 US

New Principal Place of Business:

2001 9TH AVENUE
308
VERO BEACH, FL 32960 US

Current Mailing Address:

2001 9TH AVE
308
VERO BEACH, FL 32960 US

New Mailing Address:

2001 9TH AVENUE
308
VERO BEACH, FL 32960 US

FEI Number: 65-0390938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, WILLIAM
2001 9TH AVE, SUITE 308
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

MILLER, WILLIAM
2001 9TH AVE
308
VERO BEACH, FL 32960 US

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.

SIGNATURE: WILLIAM F. MILLER

04/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREENE, JAMES S
Address: 111 LAUREL OAK LANE
City-St-Zip: VERO BEACH, FL

Title: STD () Delete
Name: MCABOY, THOMAS H
Address: 121 LAUREL OAK LANE
City-St-Zip: VERO BEACH, FL

Title: VPD () Delete
Name: EMERSON, DANIEL
Address: 650 SABLE OAK LANE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES S. GREENE

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date