


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90038 032 ****61.25

| | |
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| DOCUMENT # N93000001827 |  |
| 1. Entity Name HAMILTON SOUTH HOMEOWNERS ASSOCIATION, INC. | |

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| Principal Place of Business 974 HANOVER WAY LAKELAND, FL 33813 | Mailing Address 974 HANOVER WAY LAKELAND, FL 33813 |
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|--------------------------------|---------------------|--------------------|--------------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | City & State | City & State |
| Zip | Country | Zip | Country |

01242006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3102813

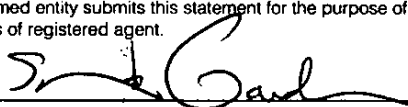
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For
Not Applicable

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| LAMONT, JEFF 790 HANOVER WAY LAKELAND, FL 33813 | |

| | |
|--|------------------------|
| 7. Name and Address of New Registered Agent | |
| Name | SCOTT GARDNER |
| Street Address (P.O. Box Number is Not Acceptable) | 843 Hanover Way |
| City | Lakeland FL |
| Zip Code | 33813 |

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  **Scott Gardner** DATE **Jan 23, 2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2006 | 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LAMONT, JEFF 790 HANOVER WAY LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MOORE, LINDA 942 HANOVER WAY LAKELAND, FL 33813 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HENSON, DEBRA 974 HANOVER WAY LAKELAND, FL 33813 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GARDNER, SCOTT 843 HANOVER WAY LAKELAND, FL 33813 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| 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"/> 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 | PD GARDNER, SCOTT 843 HANOVER WAY LAKELAND, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DAVID ROBINSON 959 HANOVER WAY LAKELAND, FL 33813 <input type="checkbox"/> Change <input checked="" 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 an other like empowered.

SIGNATURE:  **SCOTT GARDNER** Jan 23, 2006 863-701-7743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #