

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90036 039 ****61.25

DOCUMENT # N93000001827 1. Entity Name HAMILTON SOUTH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 974 HANOVER WAY LAKELAND, FL 33813			Mailing Address 974 HANOVER WAY LAKELAND, FL 33813		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		WUSTOU	
City & State		City & State		4. FEI Number 59-3102813	
Zip		Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARDNER, SCOTT 843 HANOVER WY LAKELAND, FL 33813				7. Name and Address of New Registered Agent NAME JEFF LAMONT Street Address (P.O. Box Number is Not Acceptable) 790 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 1-13-07 Signature must be printed name of the registered agent and the filer and the filer must be a registered agent or a person authorized to change the registered agent.					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD MOORE, LINDA 942 HANOVER WAY LAKELAND, FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD HENSON, DEBRA 974 HANOVER WAY LAKELAND, FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD GARDNER, SCOTT 843 HANOVER WY LAKELAND, FL 33813	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD JEFF LAMONT 790 HANOVER WAY LAKELAND FL 33813 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD ROBINSON, DAVID 959 HANOVER WY LAKELAND, FL 33813	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD JOE HENSON 974 HANOVER WAY LAKELAND FL 33813 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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:			1-9-07 863-534-4780		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		