

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90171 044 \*\*\*\*61.25

DOCUMENT # N93000004398			
1. Entity Name HAMILTON HOUSE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1510 GULF BLVD INDIAN ROCKS BEACH, FL 33785 US		Mailing Address C/O RICHARD C. COMMONS, P.A. 300 S. DUNCAN AVE. SUITE 220B CLEARWATER, FL 33755 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-3205968	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STRONG, PENELOPE H 1510 GULF BLVD #206 INDIAN ROCKS BEACH, FL 33785		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIXOM, ROGER	NAME	
STREET ADDRESS	5214 FAIRWAY ONE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	VALRICO, FL 33594	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRONG, PENELOPE	NAME	<i>Strong, Penelope</i>
STREET ADDRESS	1510 GULF BLVD. 206	STREET ADDRESS	<i>1510 Gulf Blvd #206</i>
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	CITY-ST-ZIP	<i>Indian Rocks Beach, FL 33785-4700</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASEMAN, RENEE	NAME	<i>JOHN McMARTIN</i>
STREET ADDRESS	2440 SUMMERLIN DR.	STREET ADDRESS	<i>1510 GULF BLVD #202</i>
CITY-ST-ZIP	CLEARWATER, FL 33764	CITY-ST-ZIP	<i>INDIAN ROCKS BEACH</i>
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZENS, SHARON	NAME	<i>DELETE</i>
STREET ADDRESS	1510 GULF BLVD. 208	STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTON, ELAINE	NAME	
STREET ADDRESS	1510 GULF BLVD. #108	STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Penelope Strong</i>		Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			