




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90018 012 ****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
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 <u>Roger Rixom</u> Street Address (P.O. Box Number is Not Acceptable) <u>1247 Acappella Lane</u> City <u>Apollo Beach</u> FL Zip Code <u>33572</u>	
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  Signature, typed or printed name of registered agent and title if applicable.		DATE <u>2/21/06</u> (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Delete <input type="checkbox"/>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIXOM, ROGER	NAME	P Roger Rixom
STREET ADDRESS	5214 FAIRWAY ONE DRIVE	STREET ADDRESS	1247 Acappella Lane
CITY-ST-ZIP	VALRICO, FL 33594	CITY-ST-ZIP	Apollo Beach, FL 33572
TITLE	<input checked="" type="checkbox"/> Delete <input type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRONG, PENELOPE	NAME	T Mary Bochenek
STREET ADDRESS	1510 GULF BLVD. 206	STREET ADDRESS	7739 S. Oak Park Ave.
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	CITY-ST-ZIP	Burbank, IL 60459
TITLE	<input checked="" type="checkbox"/> Delete <input type="checkbox"/>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMARTIN, JOHN	NAME	VP John McMartin
STREET ADDRESS	1510 GULF BOULEVARD #202	STREET ADDRESS	14281 Iroquois Ave.
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	CITY-ST-ZIP	Largo, FL 33774
TITLE	<input type="checkbox"/> Delete <input type="checkbox"/>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTON, ELAINE	NAME	S Elaine Patton
STREET ADDRESS	1510 GULF BLVD. #100	STREET ADDRESS	1510 Gulf Blvd., #207
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	CITY-ST-ZIP	Indian Rocks Beach, FL 33785
TITLE	<input type="checkbox"/> Delete <input type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D Elaine Turkowski
STREET ADDRESS		STREET ADDRESS	1510 Gulf Blvd., #106
CITY-ST-ZIP		CITY-ST-ZIP	Indian Rocks Beach, FL 33785
TITLE	<input type="checkbox"/> Delete <input type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D Louise Peri
STREET ADDRESS		STREET ADDRESS	68 Kensington Cir.
CITY-ST-ZIP		CITY-ST-ZIP	Belvidere, NJ 07823
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 all other like empowered.			
SIGNATURE: 		DATE <u>2/21/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	