


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3)

FILED
Apr 06, 2007 8:00 am
Secretary of State

03-12-2007 90369 036 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3205968	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$0.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <i>RIXOM</i> RIXOM, ROGER 1247 ACAPPELLA LN APOLLO BEACH, FL 33572			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			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 remaining)</small>					
Filing Fee is \$81.25 Due by May 1, 2007		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIXOM, ROGER		NAME		
STREET ADDRESS	1247 ACAPPELLA LN		STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOCHENCK, MARY		NAME		
STREET ADDRESS	7739 S OAK PARK AVE		STREET ADDRESS		
CITY-ST-ZIP	BURBANK, IL 60459		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCMARTIN, JOHN		NAME		
STREET ADDRESS	14281 IROQUOIS AVE		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33774		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 # 207		STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TURKOWSKI, ELAINE		NAME	<i>D</i>	
STREET ADDRESS	1510 GULF BLVD #106		STREET ADDRESS	<i>Rene Baseman</i>	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		CITY-ST-ZIP	<i>2440 Summerlin Dr.</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERI, LOUISE		NAME		
STREET ADDRESS	68 KENSINGTON CIR		STREET ADDRESS		
CITY-ST-ZIP	BELVIDERE, NJ 07823		CITY-ST-ZIP		
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: <i>Mary Bochenek</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>3/30/07</i> Daytime Phone #: <i>294-7074</i>	



02052007 Chg-NP CR2E037 (12/06)

4. FEI Number
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 RIXOM, ROGER
 1247 ACAPPELLA LN
 APOLLO BEACH, FL 33572

7. Name and Address of New Registered Agent
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 Street Address (P.O. Box Number is Not Acceptable)
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