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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005201 (6)

1. Corporation Name

HAMILTON CROSSING HOMEOWNERS ASSOCIATION OF ESCA MBIA COUNTY, INC.

Principal Place of Business	Mailing Address
2014 HAMILTON CROSSING DRIVE CANTONMENT FL 32533	2014 HAMILTON CROSSING DRIVE CANTONMENT FL 32533-5812

3. Date Incorporated or Qualified: 10/03/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 2057 Hamilton Crossing Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: Cantonment, FL
24 Zip / 25 Country	29 Zip: 32533 / 30 Country: USA

4. FEI Number: 59-3411397 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MONTENES, FRANCIS A 2014 HAMILTON CROSSING DRIVE CANTONMENT FL 32533	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		Delete	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change / Addition
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MONTENES, FRANCIS A		1.2 NAME		
STREET ADDRESS	2014 HAMILTON CROSSING DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HUFFMAN, MARK		2.2 NAME		
STREET ADDRESS	2007 HAMILTON CROSSING DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		2.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	3.1 TITLE	STD	☐ Change ☒ Addition
NAME	MASTERSON, PATRICK		3.2 NAME	Nowak, Kari	
STREET ADDRESS	2009 HAMILTON CROSSING DRIVE		3.3 STREET ADDRESS	2057 Hamilton Crossing Drive	
CITY-ST-ZIP	CANTONMENT FL 32533		3.4 CITY-ST-ZIP	Cantonment, FL 32533	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	FERN, RANDY		4.2 NAME		
STREET ADDRESS	2020 HAMILTON CROSSING DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	NOVAK, KARI		5.2 NAME	Caruso, Chris	
STREET ADDRESS	2057 HAMILTON CROSSING DRIVE		5.3 STREET ADDRESS	2001 Hamilton Crossing Dr.	
CITY-ST-ZIP	CANTONMENT FL 32533		5.4 CITY-ST-ZIP	Cantonment, FL 32533	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] 1-19-97 (904)968-[illegible]