



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-03-2005 90173 013 ****61.25

DOCUMENT # N96000005201					
1. Entity Name HAMILTON CROSSING HOMEOWNERS ASSOCIATION OF ESCAMBIA COUNTY, INC.					
Principal Place of Business 2030 HAMILTON CROSSING DR CANTONMENT, FL 32533 US			Mailing Address 2030 HAMILTON CROSSING DR CANTONMENT, FL 32533 US		
2. Principal Place of Business 2031 HAMILTON CROSSING DR.		3. Mailing Address 2031 HAMILTON CROSSING DR.		 01312005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CANTONMENT FL		City & State CANTONMENT FL		4. FEI Number 59-3411397	
Zip 32533		Country USA		<input type="checkbox"/> 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 BOLDUC, JOEL 2030 HAMILTON CROSSING DR CANTONMENT, FL 32533			7. Name and Address of New Registered Agent CARMODY, FREDERICK 2031 HAMILTON CROSSING DRIVE CANTONMENT FL 32533		
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 <i>Fredrick A. Carmody</i>			DATE <i>JANUARY 30, 2005</i>		
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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, KEITH		NAME	DAVID CARL	
STREET ADDRESS	2005 HAMILTON CROSSING DR		STREET ADDRESS	2036 HAMILTON CROSSING DRIVE	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, RON		NAME	PARROTT, BILL	
STREET ADDRESS	2038 HAMILTON CROSSING DR		STREET ADDRESS	2055 HAMILTON CROSSING DRIVE	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SENTZ, JAMES		NAME	MONTEAR'S, FRANK	
STREET ADDRESS	2016 HAMILTON CROSSING DR.		STREET ADDRESS	2014 HAMILTON CROSSING DRIVE	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEDMAN, GEORGE		NAME	CARMODY, FREDERICK A.	
STREET ADDRESS	2059 HAMILTON CROSSING DR		STREET ADDRESS	2031 HAMILTON CROSSING DRIVE	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTERSON, PAT		NAME		
STREET ADDRESS	2009 HAMILTON CROSSING DR.		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLDUC, JOEL F		NAME		
STREET ADDRESS	2030 HAMILTON CROSSING DR		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT, FL 32533		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)(i), 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>Fredrick A. Carmody</i>			DATE: <i>JAN. 30, 2005</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE AND DAYTIME PHONE #		