2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2008
Secretary of State

DOCUMENT# N96000005201

Entity Name: HAMILTON CROSSING HOMEOWNERS ASSOCIATION OF ESCAMBIA COUNTY, INC.

Current Principal Place of Business:

2038 HAMILTON CROSSING DR
CANTONMENT, FL 32533 US

New Principal Place of Business:

2005 HAMILTON CROSSING DR
CANTONMENT, FL 32533 US

Current Mailing Address:

2038 HAMILTON CROSSING DR
CANTONMENT, FL 32533 US

New Mailing Address:

2005 HAMILTON CROSSING DR
CANTONMENT, FL 32533 US

FEI Number: 59-3411397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBERTS, LISA
2005 HAMILTON CROSSING DRIVE
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

ROBERTS, KEITH
2005 HAMILTON CROSSING DRIVE
CANTONMENT, FL 32533 US

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.

SIGNATURE: KEITH H. ROBERTS 08/18/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KING, RON
Address: 2038 HAMILTON CROSSING DRIVE
City-St-Zip: CANTONMENT, FL 32533 US

Title: V ( ) Delete
Name: REEVES, JOSEPH
Address: 2010 HAMILTON CROSSING DR
City-St-Zip: CANTONMENT, FL 32533 US

Title: T ( ) Delete
Name: ROBERTS, LISA
Address: 2005 HAMILTON CROSSING DRIVE
City-St-Zip: CANTONMENT, FL 32533 US

Title: S (X) Delete
Name: MURPHY, LOIS
Address: 2008 HAMILTON CROSSING DRIVE
City-St-Zip: CANTONMENT, FL 32533 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: ROBERTS, KEITH
Address: 2005 HAMILTON CROSSING DR
City-St-Zip: CANTONMENT, FL 32533 US

Title: S (X) Change ( ) Addition
Name: CHAMBERS, RON
Address: 2023 HAMILTON CROSSING DRIVE
City-St-Zip: CANTONMENT, FL 32533 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH H. ROBERTS T 08/18/2008
Electronic Signature of Signing Officer or Director Date