2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# N96000005201

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

Current Principal Place of Business:

2005 HAMILTON CROSSING DR
CANTONMENT, FL 32533 US

New Principal Place of Business:

Current Mailing Address:

2005 HAMILTON CROSSING DR
CANTONMENT, FL 32533 US

New Mailing Address:

FEI Number: 59-3411397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCCAFFERTY, RICHARD
Address: 2030 HAMILTON CROSSING DRIVE
City-St-Zip: CANTONMENT, FL 32533 US

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

Title: S (X) Change ( ) Addition
Name: ROMAN, ED
Address: 2040 HAMILTON CROSSING DRIVE
City-St-Zip: CANTONMENT, FL 32533 US

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 ROBERTS T 02/20/2009

Electronic Signature of Signing Officer or Director — Date