2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State
01-17-2003 90082 032 ****61.25

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DOCUMENT # N96000005201

1. Entity Name

HAMILTON CROSSING HOMEOWNERS ASSOCIATION OF ESCAMBIA COUNTY, INC.

Principal Place of Business	Mailing Address
2034 HAMILTON CROSSING DR CANTONMENT FL 32533 US	2034 HAMILTON CROSSING DR CANTONMENT FL 32533 US

20011669

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3411397 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WESTMORELAND, CECIL
2034 HAMILTON CROSSING DR
CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROBERTS, KEITH 2005 HAMILTON CROSSING DR CANTONMENT FL 32533	☐ Delete	SD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROMAN, EDWIN 2040 HAMILTON CROSSING DR CANTONMENT FL 32533	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOLDUC, JOEL 2030 HAMILTON CROSSING DR CANTONMENT FL 32533	☑ Delete	VD SENTZ, JAMES 2016 HAMILTON CROSSING DR CANTONMENT FL 32533	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WESTMORELAND, CECIL 2034 HAMILTON CROSSING DR CANTONMENT FL 32533	☐ Delete	PD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHANEY, JAMES 2001 HAMILTON CROSSING DR CANTONMENT FL 32533	☑ Delete	D [redacted] MASTERSON, PAT 2009 HAMILTON CROSSING DR CANTONMENT FL 32533	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D URBANAVAGE, MARK 2024 HAMILTON CROSSING DR CANTONMENT FL 32533	☑ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: CECIL WESTMORELAND Cecil Westmoreland 1/3/03 850474 9284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR