2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001355

FILED Apr 30, 2009 Secretary of State

Entity Name: HAMILTON POND OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

419 NW 94TH WAY
GAINESVILLE, FL 32607

502 NW 95TH WAY
GAINESVILLE, FL 32607

Current Mailing Address: New Mailing Address:

P.O. BOX 358794

GAINESVILLE, FL 326358794

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

UGELOW, ALBERT J MILLER, SHERYL A 419 NW 94TH WAY 502 NW 95TH WAY

GAINESVILLE, FL 32607 US GAINESVILLE, FL 32607 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: SHERYL A MILLER 04/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: TREA (X) Change () Addition

 Name:
 UGELOW, ALBERT
 Name:
 MILLER, SHERYL A

 Address:
 419 NW 94TH WAY
 Address:
 502 NW 95TH WAY

 City-St-Zip:
 GAINESVILLE, FL 32607
 City-St-Zip:
 GAINESVILLE, FL 32607 US

Title: TREA () Delete Title: PRES (X) Change () Addition

 Name:
 MILLER, SHERYL
 Name:
 GROSS, MARK

 Address:
 502 95TH WAY
 Address:
 9404 NW 4TH PLACE

 City-St-Zip:
 GAINESVILLE, FL 32607
 City-St-Zip:
 GAINESVILLE, FL 32607 US

Title: SEC () Delete Title: () Change () Addition

 Name:
 BROWNLEE, MARK
 Name:

 Address:
 9525 NW 4TH PL
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32607
 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: SHERYL A. MILLER TREA 04/30/2009