

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006437

Entity Name: HAMILTON PARK OF ST. CLOUD HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1819 NORTH SEMORAN BOULEVARD
ORLANDO, FL 32807**Current Mailing Address:**1819 NORTH SEMORAN BOULEVARD
ORLANDO, FL 32807 US**FEI Number: 26-1195418****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TESTER, GARY Q
1819 NORTH SEMORAN BOULEVARD
ORLANDO, FL 32807 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:** GARY Q. TESTER**03/07/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	EXECUTIVE DIRECTOR
Name	TESTER, GARY Q
Address	1819 NORTH SEMORAN BOULEVARD
City-State-Zip:	ORLANDO FL 32807

Title	CHAIRMAN
Name	GARDNER, CHRISTOPHER J
Address	1819 NORTH SEMORAN BOULEVARD
City-State-Zip:	ORLANDO FL 32807

Title	SECRETARY
Name	AGUILAR, JOSHUA
Address	1819 NORTH SEMORAN BOULEVARD
City-State-Zip:	ORLANDO FL 32807

Title	TREASURER
Name	FRECHETTE, CAROL
Address	1819 NORTH SEMORAN BOULEVARD
City-State-Zip:	ORLANDO FL 32807

Title	VICE CHAIR
Name	KARP , WILLIAM
Address	1819 NORTH SEMORAN BOULEVARD
City-State-Zip:	ORLANDO FL 32807

Title	CFO
Name	RAMIREZ, JOSEPH
Address	1819 NORTH SEMORAN BOULEVARD
City-State-Zip:	ORLANDO FL 32807

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH A. RAMIREZ**CFO****03/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date