Entity Name: HAMILTON RIDGE OF POLK HOMEOWNERS ASSOCIATION, INC.			TION, Secretary of St 3982987172C	
Current Prin 28609 HWY 27 DUNDEE, FL				
Current Mai	ling Address:			
28609 HWY DUNDEE,F	27 N L 33838 US			
FEI Number: 85-0920023 Certif			Certificate of Status Desired: N	0
Name and A	ddress of Current Registered Agent:			
GARRISON PR 28609 HWY 27 DUNDEE, FL 3				
The above name	d entity submits this statement for the purpose of changing	its registered office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE	GARRISON PROPERTY SERVICES		01/31/	/2022
SIGNATURE	E: GARRISON PROPERTY SERVICES Electronic Signature of Registered Agent		01/31/ Da	
Officer/Dire	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title		
Officer/Dire	Electronic Signature of Registered Agent	Title Name	Da	
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : D		Da	
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : D CLARK, WESLEY 1925 EAST EDGEWOOD DRIVE STE	Name Address	D LINK, ASHLEY 1925 EAST EDGEWOOD DRIVE STE	
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : D CLARK, WESLEY 1925 EAST EDGEWOOD DRIVE STE 100	Name Address	D LINK, ASHLEY 1925 EAST EDGEWOOD DRIVE STE 100	
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : D CLARK, WESLEY 1925 EAST EDGEWOOD DRIVE STE 100 LAKELAND FL 33803	Name Address	D LINK, ASHLEY 1925 EAST EDGEWOOD DRIVE STE 100	
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : D CLARK, WESLEY 1925 EAST EDGEWOOD DRIVE STE 100 LAKELAND FL 33803 D	Name Address	D LINK, ASHLEY 1925 EAST EDGEWOOD DRIVE STE 100	

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N2000004112

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: BRIAN REVES

Electronic Signature of Signing Officer/Director Detail

01/31/2022

FILED Jan 31, 2022 Secretary of State 3982987172CC