

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **747493** (5)

1. Corporation Name

THE HAMLET COUNTRY CLUB, INC.



Principal Place of Business

**3600 HAMLET DRIVE
DELRAY BEACH FL 33445**

Mailing Address

**3600 HAMLET DRIVE
DELRAY BEACH FL 33445**

3. Date Incorporated or Qualified
06/04/1979

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1907133

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMALL, BELFORD
4869 PINEVIEW CIRCLE
DELRAY BEACH FL 33445**

81 Name

KORNHEISER, MURIEL

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

636 PINE LAKE DRIVE

83

84 City

DELRAY BEACH

FL

85 Zip Code
33445

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Muriel M Kornheiser
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE

NAME **SMALL, BELFORD**
STREET ADDRESS **4869 PINEVIEW CIRCLE**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **DV** ☐ DELETE

NAME **BIRNBAUM, WILLIAM**
STREET ADDRESS **4787 PINEVIEW CIR.**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **DV** ☐ DELETE

NAME **JACOB, JOEL**
STREET ADDRESS **743 PINE LAKE DR**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **DS** ☐ DELETE

NAME **SABIN, CHARLES**
STREET ADDRESS **3542 PINE LAKE CORUT**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **TD** ☐ DELETE

NAME **KAYE, GERALD**
STREET ADDRESS **5120 PINEVIEW CIR.**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **DP** ☒ Change ☐ Addition

1.2 NAME **KORNHEISER, MURIEL**
1.3 STREET ADDRESS **636 PINE LAKE DRIVE**
1.4 CITY-ST-ZIP **DELRAY BEACH FL 33445**

2.1 TITLE **DV** ☒ Change ☐ Addition

2.2 NAME **DODSON, ROBERT**
2.3 STREET ADDRESS **4568 COCOPLUM WAY**
2.4 CITY-ST-ZIP **DELRAY BEACH FL 33445**

3.1 TITLE **DV** ☒ Change ☐ Addition

3.2 NAME **SCHULTZ, HERBERT**
3.3 STREET ADDRESS **648 LAKEWOOD CIRCLE EAST**
3.4 CITY-ST-ZIP **DELRAY BEACH FL 33445**

4.1 TITLE **DS** ☒ Change ☐ Addition

4.2 NAME **LIDSKY, RUDOLPH**
4.3 STREET ADDRESS **5103 PINEVIEW CIRCLE**
4.4 CITY-ST-ZIP **DELRAY BEACH FL 33445**

5.1 TITLE **TD** ☒ Change ☐ Addition

5.2 NAME **DURIS, HAROLD**
5.3 STREET ADDRESS **595 GREENSWARD LANE**
5.4 CITY-ST-ZIP **DELRAY BEACH FL 33445**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Muriel M Kornheiser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96
Date

407-498-7600
Daytime Phone #

CR2E037 (12/95)