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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747493** (5)

1. Corporation Name

THE HAMLET COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

3600 HAMLET DRIVE
DELRAY BEACH FL 33445

3600 HAMLET DRIVE
DELRAY BEACH FL 33445

3. Date Incorporated or Qualified

06/04/1979

4. FEI Number

59-1907133

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KORNHEISER, MURIEL
636 PINE LAKE DRIVE
DELRAY BEACH FL 33445

81 Name

Sheldon N. Reibman

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

255 Hamlet 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

Sheldon N. Reibman
Signature, typed or printed name of registered agent and title if applicable

Sheldon N. Reibman, Secretary

3/9/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME KORNHEISER, MURIEL
STREET ADDRESS 636 PINE LAKE DRIVE
CITY-ST-ZIP DELRAY BEACH FL

TITLE DV
NAME DODSON, ROBERT
STREET ADDRESS 4588 COCOPLUM WAY
CITY-ST-ZIP DELRAY BEACH FL

TITLE DV
NAME SCHULTZ, HERBERT
STREET ADDRESS 648 LAKEWOODE CIRCLE EAST
CITY-ST-ZIP DELRAY BEACH FL

TITLE DS
NAME REIBMAN, SHELDON
STREET ADDRESS 255 HAMLET DR
CITY-ST-ZIP DELRAY BEACH FL

TITLE TD
NAME DURIS, HAROLD
STREET ADDRESS 595 GREENSWARD LANE
CITY-ST-ZIP DELRAY BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE DP
1.2 NAME Duris, Harold S.
1.3 STREET ADDRESS 595 Greensward Lane
1.4 CITY-ST-ZIP Delray Beach FL 33445

2.1 TITLE DV
2.2 NAME Schultz, Herbert M.
2.3 STREET ADDRESS 648 Lakewoode Circle East
2.4 CITY-ST-ZIP Delray Beach FL 33445

3.1 TITLE DV
3.2 NAME Turner, Edward
3.3 STREET ADDRESS 730 Greensward Court J-214
3.4 CITY-ST-ZIP Delray Beach FL 33445

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE TD
5.2 NAME Bohrer, Robert S.
5.3 STREET ADDRESS 701 Lakewoode Circle West
5.4 CITY-ST-ZIP Delray Beach FL 33445

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

Sheldon N. Reibman

Sheldon N. Reibman

3/9/98 561-498-7600

CR2E037 (10/97)