

FILE NOW: FILING FEE IS \$61.25

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90071 033 \*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 747493

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



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

06/04/1979

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

9. Name and Address of Current Registered Agent

REIBMAN, SHELDON N  
255 HAMLET DR  
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name

Edward Lavine

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

830 Greensward Court H-215

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

TITLE DV  
NAME TURNER, EDWARD  
STREET ADDRESS 730 GREENSWARD COURT J-214  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE TD  
NAME BOHRER, ROBERT S  
STREET ADDRESS 701 LAKEWOODE CIR W  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE DV  
NAME SCHULTZ, HERBERT M  
STREET ADDRESS 648 LAKEWOODE CIRCLE EAST  
CITY-ST-ZIP DELRAY BEACH FL 33445

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

TITLE DP  
NAME DURIS, HAROLD S  
STREET ADDRESS 595 GREENSWARD LANE  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President  
1.2 NAME Sheldon Reibman  
1.3 STREET ADDRESS 255 Hamlet Drive  
1.4 CITY-ST-ZIP Delray Beach FL 33445

2.1 TITLE Treasurer  
2.2 NAME Ted Newman  
2.3 STREET ADDRESS 4633 Oak Tree Court  
2.4 CITY-ST-ZIP Delray Beach FL 33445

3.1 TITLE Vice President  
3.2 NAME Shelly Weil  
3.3 STREET ADDRESS 925 Greensward Lane  
3.4 CITY-ST-ZIP Delray Beach FL 33445

4.1 TITLE Secretary  
4.2 NAME Edward Lavine  
4.3 STREET ADDRESS 830 Greensward Court H-215  
4.4 CITY-ST-ZIP Delray Beach FL 33445

5.1 TITLE President  
5.2 NAME Robert Bohrer  
5.3 STREET ADDRESS 701 Lakewood 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99 561-498-7600

CR2E037 (11/98)