

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 20, 2006
Secretary of State

DOCUMENT# 757660

Entity Name: HAMLET I HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2180 WEST SR 434
STE 5000
LONGWOOD, FL 32779 US**New Principal Place of Business:**1840 BOY SCOUT DRIVE
SUITE B
FORT MYERS, FL 33907 US**Current Mailing Address:**2180 WEST SR 434
STE 5000
LONGWOOD, FL 32779 US**New Mailing Address:**1840 BOY SCOUT DRIVE
SUITE B
FORT MYERS, FL 33907 US**FEI Number:** 65-0042445**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:****Name and Address of New Registered Agent:**BCH MANAGEMENT GROUP, INC.
1840 BOY SCOUT DRIVE
SUITE B
FORT MYERS,, FL 33907 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: DIANA L. MOORE

07/20/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD () Delete
Name: SMUDER, LINDA
Address: 1416-1 PARK SHORE CIRCLE
City-St-Zip: FORT MYERS, FL 33901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Delete
Name: HUBER, ELFI
Address: 1436-2 PARK SHORE CIRCLE
City-St-Zip: FORT MYERS, FL 33901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: PALUMFO, JUDY
Address: 6237 PRESIDENTIAL CT STE D
City-St-Zip: FORT MYERS, FL 33901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD () Delete
Name: HOHNKE, THOMAS
Address: 13300-56 S CLEVELAND AVE PMB 624
City-St-Zip: FORT MYERS, FL 33907

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Delete
Name: FLORES, PAUL
Address: 1438 PARK SHORE CIR #4
City-St-Zip: FORT MYERS, FL 33901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINDA SMUDER

PD

07/20/2006

Electronic Signature of Signing Officer or Director

Date