2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#757660

FILED Jan 16, 2009 Secretary of State

Entity Name: HAMLET I HOMEOWNERS ASSOCIATION, INC.

	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	SCOUT DRIVE				
SUITE B FORT MYI	ERS, FL 33907	US			
	lailing Address	:	New Mailing Addres	ss:	
1840 BOY	SCOUT DRIVE				
SUITE B		110			
	ERS, FL 33907	US			
FEI Number:	: 65-0042445	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
1840 BOY	AGEMENT GROSCOUT DRIVE	DUP, INC.			
SUITE B FORT MYI	ERS,, FL 33907	US			
	named entity so e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electroni	Signature of Registered Age	ent	Date	
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title:	SMUDER, LINDA 1416-1 PARK SH FORT MYERS, F	ORE CIRCLE	Title: Name: Address: City-St-Zip: Title:	() Change () Addition () Change () Addition	
Name: Address: City-St-Zip:	HUBER, ELFI 1436-2 PARK SH FORT MYERS, F	ORE CIRCLE	Name: Address: City-St-Zip:	(,, s.ig. (,, i	
		Delete	Title:	() Ohanaa () Aalaikian	
Title: Name: Address: City-St-Zip:	D () I PALUMFO, JUDY 6237 PRESIDEN FORT MYERS, F	, TIAL CT STE D	Name: Names: Address: City-St-Zip:	() Change () Addition	
Name: Address:	PALUMFO, JUDY 6237 PRESIDEN FORT MYERS, F VPD () I BRYD, TIM	, TIAL CT STE D L 33901 Delete VELAND AVE PMB 624	Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: DIANA MOORE AGT 01/16/2009