

# 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 # **758372** (7)

1. Corporation Name

**HAMLET RESIDENTS ASSOCIATION, 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  
**05/15/1981**

3a. Date of Last Report  
**02/28/1995**

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

30

4. FEI Number  
**59-2139517**

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

TURNER, EDWARD W.  
730 GREENSWARD CT J214  
DELRAY BEACH FL 33445

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City

**FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	TURNER, EDWARD W.	
STREET ADDRESS	730 GREENSWARD CT J-214	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	GLICK, DR. HAROLD	
STREET ADDRESS	645 LAKEWOODE CIRCLE W	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	QUINT, ALVIN	
STREET ADDRESS	632 LAKEWOOD CIR., WEST	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	ROSENBERG, SAM	
STREET ADDRESS	808 FOXPOINTE CIR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	ANNORENO, ROBERT	
STREET ADDRESS	191 OAKVIEW DR	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	RASIN, AUDREY	
STREET ADDRESS	634 LAKEWOODE CIRCLE W	
CITY-ST-ZIP	DELRAY BCH FL	

11 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	HAROLD JURIS	
13 STREET ADDRESS	595 GREENSWARD LANE	
14 CITY-ST-ZIP	DELRAY BEACH, FL 33445	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: **X** *Alvin Quint* ALVIN QUINT, SECRETARY 1/30/96 (407) 495-1105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)