

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 13 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 # 758372 (7)
1. Corporation Name
HAMLET RESIDENTS ASSOCIATION, INC.



Principal Place of Business 3600 HAMLET DRIVE DELRAY BEACH FL 33445	Mailing Address 3600 HAMLET DRIVE DELRAY BEACH FL 33445
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3. Date Incorporated or Qualified 05/15/1981	
4. FEI Number 59-2139517	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**TURNER, EDWARD W.
730 GREENSWARD CT J214
DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent
81 Name **Turner, Edward W.**
82 Street Address (P.O. Box Number is Not Acceptable)
730 Greensward Court, J214
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, EDWARD W.	1.2 NAME	
STREET ADDRESS	730 GREENSWARD CT J-214	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOHRER, ROBERT	2.2 NAME	
STREET ADDRESS	701 LAKEWOODE CIRCLE WEST	2.3 STREET ADDRESS	VDP HAFTEL, BERNARD
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	2541 PINELAKE COURT DELRAY BEACH, FL
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINT, ALVIN	3.2 NAME	
STREET ADDRESS	632 LAKEWOOD CIR., WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VDP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, GRAHAM	4.2 NAME	
STREET ADDRESS	4320 LAKEWOODE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Robert A. Bohrer*

2/15/98 167495-1105

CR2E037 (10/97)