

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758372

1. Entity Name

HAMLET RESIDENTS ASSOCIATION, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90046 030 ****61.25

Principal Place of Business

Mailing Address

3600 HAMLET DRIVE
 DELRAY BEACH FL 33445

3600 HAMLET DRIVE
 DELRAY BEACH FL 33445-9011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2139517

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAFTEL, BERNARD
 3541 PINE LAKE DR
 DELRAY BEACH FL 33445

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME HAFTEL, BERNARD
 STREET ADDRESS 3541 PINELAKE DR
 CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME NEWMAN, JOYCE
 STREET ADDRESS 4633 OAK TREE COURT
 CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~SD~~ Delete
 NAME ~~RUBSTEIN, MURIEL~~
 STREET ADDRESS ~~830 GREENSWARD LN, H408~~
 CITY-ST-ZIP ~~DELRAY BEACH FL 33445~~

TITLE Change Addition
 NAME **HERBERT LEVINE**
 STREET ADDRESS **191 OAK VIEW DRIVE**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE TD Delete
 NAME LEVY, LEROY
 STREET ADDRESS 615 LAKEWOOD CIR., W.
 CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leroy Levy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00
 Date

Daytime Phone #

CR2E037 (9/99)