

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758372

FILED  
Mar 10, 2006  
Secretary of State

Entity Name: HAMLET RESIDENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

3600 HAMLET DRIVE  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

3600 HAMLET DRIVE  
DELRAY BEACH, FL 33445

**New Mailing Address:**

FEI Number: 59-2139517

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GELFAND, MICHAEL J  
GELFAND & ARPE, P.A., ONE CLEARLAKE CENTRE  
1555 PALM BEACH LAKES BLVD STE 1220  
WEST PALM BEACH, FL 334015014 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WEIL, SHELDON  
Address: 925 GREENSWARD LANE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP ( ) Delete  
Name: JACOBS, ROBERT  
Address: 3515 PINE LAKE COURT  
City-St-Zip: DELRAY BEACH, FL 33445

Title: T ( ) Delete  
Name: ATKINSON, PAMELA  
Address: 900 GREENSWARD LANE, G 205  
City-St-Zip: DELRAY BEACH, FL 33445

Title: SD ( ) Delete  
Name: SCHINDLER, LILLIAN  
Address: 830 GREENSWARD COURT, H 111  
City-St-Zip: DELRAY BEACH, FL 33445

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

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

Title: VP (X) Change ( ) Addition  
Name: CHAPMAN, RANDY  
Address: 5000 PINEVIEW CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

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

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: SHELDON WEIL

PD

03/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date