2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# 758372

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:

STOLOFF, SCOTT A ESQ.
DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVE S, STE 400
WEST PALM BEACH, FL 33409 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: WHALEN, EDWARD
Address: 907 FOXPOINTE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP ( ) Delete
Name: SCHURGER, VICKI
Address: 676 LAKEWOODE CIRCLE EAST
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: BOULEY, ROZ
Address: 574 PINE LAKE DR
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCHUERGER, VICKI
Address: 676 LAKEWOODE CIRCLE EAST
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP (X) Change ( ) Addition
Name: WHALEN, EDWARD
Address: 907 FOXPOINTE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

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

Title: S (X) Change ( ) Addition
Name: BOULEY, ROZ
Address: 574 PINE LAKE DR
City-St-Zip: DELRAY BEACH, FL 33445

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: VICKI SCHUERGER P 04/07/2009

Electronic Signature of Signing Officer or Director — Date