2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00994

FILED Apr 16, 2009 Secretary of State

Entity Name: HAMLET AT POINCIANA CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** PMS CORPORATION 3150 VIA POINCIANA LAKE WORTH, FL 33467 **New Mailing Address: Current Mailing Address:** PMS CORPORATION 3150 VIA POINCIANA LAKE WORTH, FL 33467 FEI Number: 59-2776620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PMS CORD PMS CORP 3150 V/A POINC/ANG 3150 VIA POINCIANA LAKE WORTH, FL 33467 US LAKE WORTH, FL 33467 US 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: MARLENE MEYERS 04/16/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition MEYERS, MARLENE Name: Name: 6698 10TH AVENUE NORTH Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: DT Title: () Delete () Change () Addition SLAVIN, JOEL Name: Name: Address: 6698 10TH AVENUE NORTH Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: DV () Delete Title: (X) Change () Addition STEIN, DAVID BERNSTEIN, ROBERTA Name: Name: 6698 10TH AVENUE NORTH Address: 6698 10TH AVENUE NORTH Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467 Title: DS () Delete Title: DVP (X) Change () Addition BERNSTEIN, ROBERTA Name: Name: MANSKI, SAUL Address: 6698 10TH AVE N Address: 6698 10TH AVE N City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467

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: MARLENE MEYERS DP 04/16/2009