

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90124 037 \*\*\*\*61.25

<b>DOCUMENT # N01000002066</b>					
<b>1. Entity Name</b> THE HAMLET AT SHERMAN OAKS PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 8541 WEST HIGHWAY 40 OCALA, FL 34482			<b>Mailing Address</b> P O BOX 3773283 OCALA, FL 34477		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> P O Box 773283			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 86-1125582	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SHERMAN, EDWARD JR. 8541 WEST HIGHWAY 40 OCALA, FL 34482			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PTD SHERMAN, EDWARD JR. 8541 WEST HIGHWAY 40 OCALA, FL 34482	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD CARRUS, BARRY 525 NW 82 CT OCALA, FL 34482	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD CLARK, CHUCK 609 NW 82 CT OCALA, FL 34482	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD HAWKINS, GWENDOLYN 497 NW 82 CT OCALA, FL 34482	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD FEDER, GLORIA 567 NW 82 CT OCALA, FL 34482	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, SUSAN 4238 SW 6TH AVE OCALA, FL 34482	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Director Bob Collins 595 NW 82 CT Ocala, FL 34482				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Vice-President				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <u>Gwendolyn R Hawkins</u> Gwendolyn R Hawkins 3/16/06 352-861-6656					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					