


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90035 007 \*\*\*\*61.25

<b>DOCUMENT # N01000002066</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>PO BOX 773283 OCALA, FL 34477-3283</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>86-1125582</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHERMAN, EDWARD JR. 8541 WEST HIGHWAY 40 OCALA, FL 34482</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHERMAN, EDWARD JR.		NAME		
STREET ADDRESS	8541 WEST HIGHWAY 40		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP		
TITLE	PD		TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARRUS, BARRY		NAME		
STREET ADDRESS	525 NW 82 CT		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP		
TITLE	D		TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLINS, BOB		NAME		
STREET ADDRESS	595 NW 82ND CT		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP		
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAWKINS, GWENDOLYN		NAME		
STREET ADDRESS	497 NW 82 CT		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP		
TITLE	SD		TITLE	Vice-President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEDER, GLORIA		NAME		
STREET ADDRESS	567 NW 82 CT		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP		
TITLE	VP		TITLE	Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREGORY, SUSAN		NAME		
STREET ADDRESS	4238 SW 6TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP		
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>SIGNATURE:</b> <i>Gwendolyn R Hawkins</i> <b>Gwendolyn R Hawkins</b> <b>4/11/2007</b> <b>352 861-6656</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					