


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90366 008 ****61.25

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1. Entity Name
HAMLET RESIDENTS COMMITTEE AGAINST MANDATORY MEMBERSHIP INC.



Principal Place of Business
**802 FOXPOINTE CIRCLE
 DELRAY BEACH, FL 33445**

Mailing Address
**802 FOXPOINTE CIRCLE
 DELRAY BEACH, FL 33445**

50041540

2. Principal Place of Business
959 GREENSWARD LANE

3. Mailing Address
959 GREENSWARD LANE

Suite, Apt. #, etc.



City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

Zip
33445

Country
USA

Zip
33445

Country
USA

04112005 Chg-NP CR2E037 (10/03)

4. FEI Number
03-0486718

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WOMERSLEY, HAROLD J
 802 FOXPOINTE CIRCLE
 DELRAY BEACH, FL 33445**

7. Name and Address of New Registered Agent

Name
GILBERT STEVENS

Street Address (P.O. Box Number is Not Acceptable)
959 GREENSWARD LANE

City
DELRAY BEACH

FL Zip Code
33445

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 *Gilbert Stevens* **GILBERT STEVENS** **APRIL 16 2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WOMERSLEY, HAROLD J 802 FOXPOINTE CIRCLE DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT STEVENS, GILBERT 959 GREENSWARD LANE DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEINHAUSER, CHARLES 712 FOXPOINTE CIR DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P+T GILBERT STEVENS 959 GREENSWARD LN, DELRAY, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUGH HENLEY 951 GREENSWARD LN, DELRAY, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVIN QUINT 632 LAKEWOOD CIRCLE W., DELRAY, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Gilbert Stevens* **APRIL 16 2005** **561-637-3394**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #