



**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90968 010 \*\*\*\*70.00

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

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<b>DOCUMENT # N02000007356</b>					
1. Entity Name <b>HAMLET RESIDENTS COMMITTEE AGAINST MANDATORY MEMBERSHIP INC.</b>					
Principal Place of Business 802 FOXPOINTE CIRCLE DELRAY BEACH FL 33445		Mailing Address 802 FOXPOINTE CIRCLE DELRAY BEACH FL 33445		<b>55039669</b>  	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>03-0486718</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>WOMERSLEY, HAROLD J. 802 FOXPOINTE CIRCLE DELRAY BEACH FL 33445</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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 <i>Harold J. Womersley</i>		DATE <b>2/21/03</b>			
Signature typed or printed name of registered agent and date if applicable.		(NOTE: Proposed Agent signature required when reinstating)		DATE	
<b>FILE NOW: FEE IS \$61.25</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	<b>P + T</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WOMERSLEY, HAROLD J</b>		NAME		
STREET ADDRESS	<b>802 FOXPOINTE CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>		CITY-ST-ZIP		
TITLE	<b>VP + T</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>STEVENS, GILBERT</b>		NAME		
STREET ADDRESS	<b>959 GREENSWARD LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CHARLES STEINHAUSER</b>		NAME		
STREET ADDRESS	<b>712 FOXPOINTE CIR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BCH FL 33445</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Harold J. Womersley</i>		DATE: <b>2/21/03</b>		PHONE: <b>561-495-6267</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	

CFR2037 (10/02)