

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

08 APR 16 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JD

4-17-08



DOCUMENT # N03000002281

1. Entity Name
HAMBLIN VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
TOWNSHIP PLAZA
4400 W SAMPLE RD STE 200
COCONUT CREEK, FL 33073-3450

Mailing Address
TOWNSHIP PLAZA
4400 W SAMPLE RD STE 200
COCONUT CREEK, FL 33073-3450

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

09062007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
80-0107859

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POSIN, HARRY L
4400 WEST SAMPLE RD
SUITE 200
COCONUT CREEK, FL 33073

Name Katzman & Korr

Street Address (P.O. Box Number is Not Acceptable)
1501 NW 44th St. Suite 202

City Ft. Lauderdale

FL

Zip Code 33309

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BEER, T.R.	
STREET ADDRESS	TOWNSHIP PLAZA	
CITY-ST-ZIP	COCONUT CREEK, FL 330733450	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RODGERS, FRANK	
STREET ADDRESS	TOWNSHIP PLAZA	
CITY-ST-ZIP	COCONUT CREEK, FL 330733450	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LONG, THOMAS	
STREET ADDRESS	4400 W SAMPLE RD, STE 200	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMERLING, ELLIOT	
STREET ADDRESS	3049 HARTRIDGE TERRACE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	E. Copper	
STREET ADDRESS	1128 Royal Palm Beach Blvd. #266	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE	Secy Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	E. Smerling	
STREET ADDRESS	1128 Royal Palm Beach Blvd. #266	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	L. Bignearosa	
STREET ADDRESS	1128 Royal Palm Beach Blvd. #266	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

300124311743
04/18/08--01008--029 **\$1.25

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/08

561-422-0085