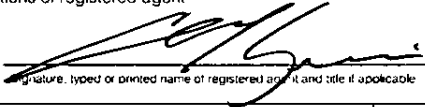
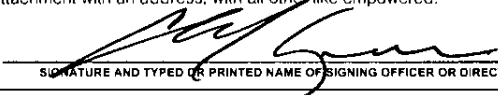


6/25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000006285					
1. Entity Name HAMLIN GROVE HOA, INC.					
Principal Place of Business 4760 N US1 201 MELBOURNE, FL 32935			Mailing Address 4760 N US1 201 MELBOURNE, FL 32935		
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	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GENONI, CHARLES B 4760 N US1 201 MELBOURNE, FL 32935				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 				4/3/06 DATE	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DIR	<input type="checkbox"/> Delete			
NAME	GENONI, JOHN P				
STREET ADDRESS	4760 N US1				
CITY - ST - ZIP	MELBOURNE, FL 32935				
TITLE	DIR	<input type="checkbox"/> Delete			
NAME	GENONI, JOHN M				
STREET ADDRESS	4760 N US1				
CITY - ST - ZIP	MELBOURNE, FL 32935				
TITLE	DIR	<input type="checkbox"/> Delete			
NAME	GENONI, CHARLES B				
STREET ADDRESS	4760 N US1				
CITY - ST - ZIP	MELBOURNE, FL 32935				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
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.					
SIGNATURE: 				4/3/06 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				321-255-7601 Daytime Phone #	

FILED
06 APR -6 PM 2:23
CLERK OF THE CIRCUIT COURT
JACKSONVILLE, FLORIDA



01112006 Chg-NP CR2E037 (11/05)