

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26396

FILED
Feb 04, 2009
Secretary of State

Entity Name: THE HAMLET OF DAVIE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O BROCK MANAGEMENT
P.O. BOX 770866
CORAL SPRINGS, FL 33077 US

New Principal Place of Business:

C/O BROCK MANAGEMENT
11606 NW 19TH DR.
CORAL SPRINGS, FL 33071 US

Current Mailing Address:

PO BOX 770850
CORAL SPRINGS, FL 33077 US

New Mailing Address:

FEI Number: 65-0091396 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BROCK, JANE M
11606 NW 19TH DRIVE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: LUCAS, ROBERT
Address: 11880 ASHFORD LANE
City-St-Zip: DAVIE, FL 33325

Title: DP () Delete
Name: HAMMER, SAMUEL
Address: 12041 PICCADILLY PLACE
City-St-Zip: DAVIE, FL 33325

Title: VPS () Delete
Name: WOODS, JOHN
Address: 11800 PICCADILLY PLACE
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL HAMMER

P

02/04/2009

Electronic Signature of Signing Officer or Director

Date