

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36191

FILED
Apr 09, 2008
Secretary of State

Entity Name: HAMLET HOMEOWNERS ASSOCIATION (BREVARD), INC.

Current Principal Place of Business:

2232 HAMLET DRIVE
MELBOURNE, FL 329360402 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 360402
MELBOURNE, FL 329360402 US

New Mailing Address:

FEI Number: 59-2996618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, KATHY
2232 HAMLET DR.
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

STANLEY, MARYANN
2248 HAMLET DR.
MELBOURNE, FL 32934 US

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: MARYANN STANLEY 04/09/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, EDWARD R JR.
Address: 2232 HAMLET DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: T () Delete
Name: WILLIAMS, EDWARD R JR.
Address: 2232 HAMLET DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: S () Delete
Name: LINDBLOM, KATHY
Address: 2312 HAMLET DRIVE
City-St-Zip: MELBOURNE, FL 32834

Title: V () Delete
Name: LAVERIA, MANNY
Address: 2256 HAMLET DR.
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: VOCK, BERHARD
Address: 2328 HAMLET DR.
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: THOMSON, BRIAN
Address: 2310 POLONIUS LANE
City-St-Zip: MELBOURNE, FL 32934

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:

Title: () Change () Addition
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Title: () Change () Addition
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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: MARYANN STANLEY TRES 04/09/2008
Electronic Signature of Signing Officer or Director Date