


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90031 014 \*\*\*\*61.25

**DOCUMENT # N93000004583**

1. Entity Name  
 THE HAMLET AT MAITLAND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
 190 N WESTMONTE DR STE 100  
 ALTAMONTE SPRINGS, FL 32714

Mailing Address  
 190 N WESTMONTE DR STE 100  
 ALTAMONTE SPRINGS, FL 32714

60024613



2. Principal Place of Business - No P.O. Box #  
 860 North S.R. 434

3. Mailing Address  
 860 North S.R. 434

Suite, Apt. #, etc.  
 Suite 1009

Suite, Apt. #, etc.  
 Suite 1009

03192008 Chg-NP CR2E037 (12/06)

City & State  
 Altamonte Springs, FL

City & State  
 Altamonte Springs, FL

4. FEI Number  
 59-3229203

Applied For  
 Not Applicable

Zip Country  
 32714 USA

Zip Country  
 32714 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, MARILYN  
 190 NORTH WESTMONTE DRIVE, STE 100  
 ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name  
 Campbell, Marilyn

Street Address (P.O. Box Numbers Not Acceptable)  
 860 North S.R. 434

Suite, Apt. #, etc.  
 Suite 1009

City  
 Altamonte Springs

State  
 FL

Zip Code  
 32714

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 Marilyn Campbell DATE 3/25/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARTHOLOMEW, CLETUS 979 HAMLET CT MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JANE, KRISTIN 1089 HAMLET DR MAITLAND, FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATTERSON, ALBERTA 1097 HAMLET DR MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kane, Kristin 1089 Hamlet Dr. Maitland, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Crawley, Charles, Jr 996 Hamlet Dr. Maitland, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTS Bezoff, Tamara 1085 Hamlet Dr. Maitland, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marilyn Campbell Date 4-9-08 Daytime Phone # 724-263-5234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR