

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 21, 2009
Secretary of State**

DOCUMENT# N93000004583

Entity Name: THE HAMLET AT MAITLAND HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1089 HAMLET DRIVE
MAITLAND, FL 32751 US**New Principal Place of Business:**1097 HAMLET DRIVE
MAITLAND, FL 32751 US**Current Mailing Address:**860 NORTH S.R. 434
STE. 1009
ALTAMONTE SPRINGS, FL 32714**New Mailing Address:**

FEI Number: 59-3229203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:CAMPBELL, MARILYN
860 NORTH S.R. 434
STE. 1009
ALTAMONTE SPRINGS, FL 32714 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: P () Delete
Name: KANE, KRISTIN
Address: 1089 HAMLET DR
City-St-Zip: MAITLAND, FL 32751 USTitle: VP () Delete
Name: CRAWLEY, CHARLES JR
Address: 996 HAMLET CT
City-St-Zip: MAITLAND, FL 32751 USTitle: TS () Delete
Name: BEZOFF, TAMARA
Address: 1085 HAMLET DR
City-St-Zip: MAITLAND, FL 32751 USTitle: MGR () Delete
Name: ASKEW, JEANNE MGR
Address: 860 NORTH S.R. 434, SUITE 1009
City-St-Zip: ALTAMONTE SPRINGS, FL 32814 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: BARTHOLOMEW, CLETUS
Address: 979 HAMLET CT.
City-St-Zip: MAITLAND, FL 32751 USTitle: T (X) Change () Addition
Name: CRAWLEY, CHARLES JR
Address: 996 HAMLET CT
City-St-Zip: MAITLAND, FL 32751 USTitle: S (X) Change () Addition
Name: PATTERSON, ALBERTA
Address: 1097 HAMLET DR
City-St-Zip: MAITLAND, FL 32751 USTitle: MGR (X) Change () Addition
Name: STRODE, CHUCK MGR
Address: 860 NORTH S.R. 434, SUITE 1009
City-St-Zip: ALTAMONTE SPRINGS, FL 32814 US

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: CHUCK STRODE

MGR

07/21/2009

Electronic Signature of Signing Officer or Director_____
Date