

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000005054**

1. Entity Name

THE HAMLET HOMEOWNERS' ASSOCIATION, INC.**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90337 014 ****61.25

0089983

Principal Place of Business

**300 WEST ADAMS STREET
STE. 440
JACKSONVILLE FL 32202
US**

Mailing Address

**1709 ST JONHS BLVD. RD
JACKSONVILLE FL 32225
US**

2. Principal Place of Business

2215 EAST SR 200

3. Mailing Address

P O BOX 1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

YULEE FL

City & State

YULEE FL

Zip

32097

Country

US

Zip

32041-1987

Country

US

4. FEI Number

59-2421481

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LAPOINTE, KENNETH J
124 CYPRESS LAGOON COURT
PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

Name

TERRELL J. POWELL

Street Address (P.O. Box Number is Not Acceptable)

2215 EAST SR 200

City

YULEE**FL**

Zip Code

32097

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAPOINTE, KENNETH J 124 CYPRESS LAGOON COURT PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWELL, WILLIAM R 2718 PARK STREET JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAPOINTE, CLAIRE K 124 CYPRESS LAGOON COURT PONTE VEDRA BEACH FL 32082	<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
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 3154 PONTE VEDRA BEACH FL 32004-3154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 3154 PONTE VEDRA BEACH FL 32004-3154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 3154 PONTE VEDRA BEACH FL 32004-3154
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
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/01 (904) 2500120

CR2E037 (10/00)