

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90015 043 ****70.00

DOCUMENT # N96000005054

1. Entity Name
THE HAMLET HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**1732 KINGSLEY AVENUE
#202
ORANGE PARK, FL 32073 US**

Mailing Address
**1732 KINGSLEY AVENUE
#202
ORANGE PARK, FL 32073 US**

24077208



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2421481

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**PERRY, ALAN
1732 KINGSLEY AVENUE
#202
ORANGE PARK, FL 32073**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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 PD ☐ Delete
NAME CLARK, CARLOS
STREET ADDRESS 10236 MANORVILLE DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE TD ☒ Delete
NAME CAMERON, STEVE
STREET ADDRESS 540 QUINVILLE TERRACE
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE VD ☐ Delete
NAME HENSLEY, KEVIN
STREET ADDRESS 540 QUINVILLE COURT
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE D ☐ Delete
NAME SUMMERS, MICHAEL
STREET ADDRESS 550 NFEWBRUNSWICK TER.
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DV ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Harry Cisko
STREET ADDRESS 506 New Brunswick Tr.
CITY-ST-ZIP Jacksonville, FL 32221

TITLE DP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Change ☒ Addition
NAME Pat Wade
STREET ADDRESS 10319 Hamlet Glen Dr.
CITY-ST-ZIP Jacksonville, FL 32221

TITLE D ☐ Change ☒ Addition
NAME Richard D. II
STREET ADDRESS 419 Montville Ct
CITY-ST-ZIP Jacksonville, FL 32221

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: **Kevin W. Hensley** **KEVIN W. HENSLEY** **4/23/04** **813-8613**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #