### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005054

Entity Name: THE HAMLET HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 17, 2024
Secretary of State
1412326468CC

### **Current Principal Place of Business:**

7400 BAYMEADOWS WAY SUITE 317

JACKSONVILLE, FL 32256

## **Current Mailing Address:**

7400 BAYMEADOWS WAY SUITE 317 JACKSONVILLE, FL 32256 US

FEI Number: 59-3501613 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

ASSOCIA - COMMUNITY MANAGEMENT CONCEPTS OF JACKSONVILLE 7400 BAYMEADOWS WAY SUITE 317 JACKSONVILLE, FL 32256 US

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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: MICHELLE GRIGGS 04/17/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VF

Name DILL, RICHARD Name WINTERS, TONJA

Address 7400 BAYMEADOWS WAY Address 7400 BAYMEADOWS WAY

SUITE 317

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY Title TREASURER

Name KEMP, ALISSIA M Name BRADWAY, PAUL

Name REIMF, ALISSIA IVI Name BRADWAT, FAUL

Address 7400 BAYMEADOWS WAY Address 7400 BAYMEADOWS WAY

SUITE 317 SUITE 317

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR Title DIRECTOR

Name WILLIAMS, WANDA Name CONNOR, JAMES

Address 7400 BAYMEADOWS WAY Address 7400 BAYMEADOWS WAY

SUITE 317 SUITE 317

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR Title DIRECTOR

Name BARNES, CARL Name NECHVATAL, DAVID

Address 7400 BAYMEADOWS WAY Address 7400 BAYMEADOWS WAY

SUITE 317 SUITE 317

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256

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SUITE 317

I hereby 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 all other like empowered.

SIGNATURE: RICHARD DILL PRESIDENT 04/17/2024

# Officer/Director Detail Continued:

Title DIRECTOR

Name BLANCHARD, ROGER

Address 7400 BAYMEADOWS WAY

SUITE 317

City-State-Zip: JACKSONVILLE FL 32256