

2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N96000005054

Entity Name: THE HAMLET HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 25, 2022
Secretary of State
5236887021CC

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

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: JAMES GIANCOLA

03/25/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BAILEY, RAY
Address 7400 BAYMEADOWS WAY
 SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER
Name KEMP, ALISSIA
Address 7400 BAYMEADOWS WAY
 SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY
Name JINKS, SUSAN
Address 7400 BAYMEADOWS WAY
 SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name BLANCHARD, ROGER
Address 7400 BAYMEADOWS WAY
 SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name SCIULLO, GREG
Address 7400 BAYMEADOWS WAY
 SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name TROUTMAN, GENE
Address 7400 BAYMEADOWS WAY
 SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name DILL, RICHARD
Address 7400 BAYMEADOWS WAY
 SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name WALKER, ALVIN
Address 7400 BAYMEADOWS WAY
 SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

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: RAY BAILEY

PRESIDENT

03/25/2022

Electronic Signature of Signing Officer/Director Detail

Date