

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761480 (3)

1. Corporation Name
LAKEVIEW HAMLET ASSOCIATION, INC.



Principal Place of Business: C/O ALLIANCE PROPERTY SYSTEMS, P.O. BOX 26478, FORT LAUDERDALE FL 33320-6478 US
Mailing Address: C/O ALLIANCE PROPERTY SYSTEMS, P.O. BOX 26478, FORT LAUDERDALE FL 33320-6478 US

3. Date Incorporated or Qualified: 01/15/1982
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-2154791	Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	City & State		<input type="checkbox"/>	
25	Country	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26	Country	30	Country		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

MILES, JAMES R.
% CONSOLIDATED
2898 UNIVERSITY DR.
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
81 Name: Clifford G. LaRue
82 Street Address (P.O. Box Number is Not Acceptable): 7101 W. Commercial Blvd
83 Suite 4-A
84 City: Fort Lauderdale, FL 85 Zip Code: 33319

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Clifford LaRue* Clifford LaRue, Property Manager DATE: 1/19/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BOLTON, AMY 1485 LAKEVIEW CIR CORAL SPRINGS FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD GRILLO, PAUL 1560 LAKEVIEW CIRCLE CORAL SPRINGS FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD COCKS, BARBARA 1480 LAKEVIEW CIRCLE CORAL SPRINGS FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Frieda Kramer
STREET ADDRESS		3.3 STREET ADDRESS	1440 Lakeview Circle
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	D HARKAVY, JEFF 1550 LAKEVIEW CIRCLE CORAL SPRINGS FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Richard L. Ockerman
STREET ADDRESS		4.3 STREET ADDRESS	1450 Lakeview Circle
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Carol Robins
STREET ADDRESS		5.3 STREET ADDRESS	1410 Lakeview Circle
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Amelia Bolton* Amelia Bolton DATE: 1-19-96 954-345-7541

CR2E037 (12/95)