## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 01, 2002 8:00 am Secretary of State DOCUMENT # **761480** 1. Entity Name LAKEVIEW HAMLET ASSOCIATION, INC. 04-01-2002 90641 020 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O ALLIANCE PROPERTY SYSTEMS C/O ALLIANCE PROPERTY SYSTEMS P.O. BOX 26478 P.O. BOX 26478 FORT LAUDERDALE FL 33320-6478 FORT LAUDERDALE FL 33320-6478 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2154791 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Bakalar, Brough & Chadrow, P.A. Westside Corporate Center LARUE, CLIFFORD G 7101 W. COMMERCIAL BLVD 150 South Pine Island Road, Suite 540 SUITE 4-A Plantation, Fl. 33324 FORT LAUDERDALE FL 33319 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 title applicable Signature, typed or printed name of registered agen 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition (9/01) ☐ Change PD TITLE TITI F ☐ Delete Alice McFarlane NAME **BOLTON, AMY** NAME 1450 Lakeview Circle STREET ADDRESS STREET ADDRESS 1485 LAKEVIEW CIR CITY-ST-ZIP CITY-ST-ZIP Coral Springs, FL 33071 CORAL SPRINGS FL ☐ Addition TITLE Delete TITLE Change NAME LOPEZ, MARCOS NAME STREET ADDRESS STREET ADDRESS 1510 LAKEVIEW DR CITY-ST-ZIP CORAL SPRINGS FL 33071 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME KRAMER, FRIEDA NAME STREET ADDRESS STREET ADDRESS 1440 LAKEVIEW CIRCLE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete ☐ Change ☐ Addition ANDRADE, SYBIL NAME STREET ADDRESS 1430 LAKEVIEW CR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPGS FL 33071 ☐ Change Addition TITLE NAME ROBINS, CAROL PIR ADDRESS STREET ADDRESS 1410 LAKEVIEW CIRCLE CITY-ST-ZIP **CORAL SPRINGS FL** THLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 thy signature shall have the same legal effect as it 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

SIGNATURE:

changed, or on an attachment with a