

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90082 013 \*\*\*\*61.25



**DOCUMENT # 761480**

1. Entity Name  
**LAKEVIEW HAMLET ASSOCIATION, INC.**

Principal Place of Business  
**8360 W OAKLAND PARK BLVD.  
STE. 301  
FORT LAUDERDALE, FL 33351 US**

Mailing Address  
**C/O ALLIANCE PROPERTY SYSTEMS  
P.O. BOX 452199  
FORT LAUDERDALE, FL 33345-2199 US**



2. Principal Place of Business		3. Mailing Address		01032005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-2154791</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
<b>BAKALAR, BROUGH &amp; CHADROW PA WESTSIDE CORPORATE CENTER 150 SOUTH PINE ISLAND RD STE 540 PLANTATION, FL 33324</b>			Name					
			Street Address (P.O. Box Number is Not Acceptable)					
			City			<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	NASO, CHERYL	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		1420 LAKEVIEW CR.		NAME			
STREET ADDRESS		POMPANO BEACH, FL 33071		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	DV	NEALE, THOMAS E	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		1460 LAKEVIEW CR.		NAME			
STREET ADDRESS		CORAL SPRINGS, FL 33071		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	DP	BOLTON, CHARLES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		1485 LAKEVIEW CR.		NAME			
STREET ADDRESS		CORAL SPRINGS, FL 33071		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	DS	MAURER, VIRGINIA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		1525 LAKEVIEW CR.		NAME			
STREET ADDRESS		POMPANO BEACH, FL 33071		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	TD	ROBINS, CAROL	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		1410 LAKEVIEW CIRCLE		NAME			
STREET ADDRESS		CORAL SPRINGS, FL		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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: Charles E. Bolton      Date: 2-24-05      Daytime Phone #: 954-773-5414  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHARLES E. BOLTON**