

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90355 019 \*\*\*\*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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2154791**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKALAR, BROUGH & CHADROW PA  
WESTSIDE CORPORATE CENTER  
150 SOUTH PINE ISLAND RD STE 540  
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **NASO, CHERYL**  
STREET ADDRESS **1420 LAKEVIEW CR.**  
CITY-ST-ZIP **POMPANO BEACH, FL 33071**

TITLE **D/S** ☐ Change ☒ Addition  
NAME **Alice McFarlane**  
STREET ADDRESS **1450 Lakeview Cr**  
CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE **DV** ☒ Delete  
NAME **NEALE, THOMAS E**  
STREET ADDRESS **1460 LAKEVIEW CR.**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **D** ☐ Change ☒ Addition  
NAME **Arthur B Sissman**  
STREET ADDRESS **1490 Lakeview Cr**  
CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE **DP** ☐ Delete  
NAME **BOLTON, CHARLES**  
STREET ADDRESS **1485 LAKEVIEW CR.**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS** ☒ Delete  
NAME **MAURER, VIRGINIA**  
STREET ADDRESS **1525 LAKEVIEW CR.**  
CITY-ST-ZIP **POMPANO BEACH, FL 33071**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **ROBINS, CAROL**  
STREET ADDRESS **1410 LAKEVIEW CIRCLE**  
CITY-ST-ZIP **CORAL SPRINGS, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **CHARLES E. BOLTON**

**3-31-06**

**954-723-5444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #