


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90043 001 ****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**

20006350



2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country
 Zip
 Country

02172007 Chg-NP CR2E037 (12/06)

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

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

Please correct corporation name

7. Name and Address of New Registered Agent

Name
BAKALAR & EICHNER, P.A.

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	NASO, CHERYL	
STREET ADDRESS	1420 LAKEVIEW CR.	
CITY-ST-ZIP	POMPANO BEACH, FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	SISSMAN, ARTHUR B	
STREET ADDRESS	1490 LAKE VIEW CIR	
CITY-ST-ZIP	POMPANO BEACH, FL 33071	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BOLTON, CHARLES	
STREET ADDRESS	1485 LAKEVIEW CR.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MCFARLANE, ALICE	
STREET ADDRESS	1450 LAKEVIEW CIR	
CITY-ST-ZIP	POMPANO BEACH, FL 33071	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBINS, CAROL	
STREET ADDRESS	1410 LAKEVIEW CIRCLE	
CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCOS LOPEZ	
STREET ADDRESS	1510 LAKEVIEW CR	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* **3-11-07 954-723-5414**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #