

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 01, 2009
Secretary of State

DOCUMENT# 761480

Entity Name: LAKEVIEW HAMLET ASSOCIATION, INC.**Current Principal Place of Business:**8360 W OAKLAND PARK BLVD.
STE. 301
FORT LAUDERDALE, FL 33351 US**New Principal Place of Business:**1133 S UNIVERSITY DRIVE
STE 211
PLANTATION, FL 33324 US**Current Mailing Address:**C/O ALLIANCE PROPERTY SYSTEMS
P.O. BOX 452199
FORT LAUDERDALE, FL 333452199 US**New Mailing Address:**C/O ALLIANCE PROPERTY SYSTEMS
P.O. BOX 19439
PLANTATION, FL 33318 US**FEI Number:** 59-2154791**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TUCKER & TIGHE, P.A.
800 EAST BROWARD BLVD., STE. 710
FORT LAUDERDALE, FL 33301 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NASO, CHERYL
Address: 1420 LAKEVIEW CR.
City-St-Zip: POMPANO BEACH, FL 33071

Title: D () Delete
Name: SISSMAN, ARTHUR B
Address: 1490 LAKE VIEW CIR
City-St-Zip: POMPANO BEACH, FL 33071

Title: DP () Delete
Name: BOLTON, CHARLES
Address: 1485 LAKEVIEW CR.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: TD () Delete
Name: ROBINS, CAROL
Address: 1410 LAKEVIEW CIRCLE
City-St-Zip: CORAL SPRINGS, FL

Title: S () Delete
Name: MAURER, VIRGINIA
Address: 1525 LAKEVIEW CIR
City-St-Zip: POMPANO BEACH, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ROBINS, CAROLE
Address: 1410 LAKEVIEW CIRCLE
City-St-Zip: CORAL SPRINGS, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE ROBINS

DT

10/01/2009

Electronic Signature of Signing Officer or Director

Date