

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-09-2003 90182 038 ****61.25
761480

DOCUMENT # 761480

1. Entity Name

LAKEVIEW HAMLET ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL -3 AM 11:26

Principal Place of Business C/O ALLIANCE PROPERTY SYSTEMS P.O. BOX 26478 FORT LAUDERDALE FL 33320-6478 US	Mailing Address C/O ALLIANCE PROPERTY SYSTEMS P.O. BOX 26478 FORT LAUDERDALE FL 33320-6478 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-2154791** Applied For Not Applicable

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



CHECK HERE IF MAKING CHANGES

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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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 NAME PD BOLTON, AMY STREET ADDRESS 1485 LAKEVIEW CIR CITY-ST-ZIP CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME D MCFARLANE, ALICE STREET ADDRESS 1450 LAKEVIEW CIRCLE CITY-ST-ZIP CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME V KRAMER, FRIEDA STREET ADDRESS 1440 LAKEVIEW CIRCLE CITY-ST-ZIP CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME SD ANDRADE, SYBIL STREET ADDRESS 1430 LAKEVIEW CR CITY-ST-ZIP CORAL SPGS FL 33071	<input checked="" type="checkbox"/> Delete
TITLE NAME TD ROBINS, CAROL STREET ADDRESS 1410 LAKEVIEW CIRCLE CITY-ST-ZIP CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME D LOIS DOUGHTY STREET ADDRESS 1560 LAKEVIEW CIR CITY-ST-ZIP CORAL SPRINGS FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: SIGNATURE OF BOLTON

4/5/03 954-224-200

CR2E037 (10/02)

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