I hereby 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 all other like empowered.

## SIGNATURE: CHARLES E BOLTON

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# 761480

Entity Name: LAKEVIEW HAMLET ASSOCIATION, INC.

## Current Principal Place of Business:

8751 W BROWARD BLVD 400 PLANTATION, FL 33324

## Current Mailing Address:

P.O. BOX 19439 PLANTATION, FL 33318 US

## FEI Number: 59-2154791

# Name and Address of Current Registered Agent:

TUCKER & TIGHE, P.A. 800 EAST BROWARD BLVD., STE. 710 FORT LAUDERDALE, FL 33301 US Certificate of Status Desired: No

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

## Officer/Director Detail :

Title	DP	Title	DVP
Name	BOLTON, CHARLES E	Name	SHELFER, MARK
Address	1485 LAKEVIEW CR	Address	1520 LAKEVIEW CR
City-State-Zip:	CORAL SPRINGS FL 33071	City-State-Zip:	CORAL SPRINGS FL 33071
Title	DT	Title	DIRECTOR
Name	ROBINS, CAROLE G	Name	HARRIS, WILLIAM
Address	1410 LAKEVIEW CR	Address	1545 LAKEVIEW CR
City-State-Zip:	CORAL SPRINGS FL 33071	City-State-Zip:	CORAL SPRINGS FL 33071
Title	DIRECTOR, SECRETARY		
Name	FULLER, DEBORAH K		
Address	1500 LAKEVIEW CR		
City-State-Zip:	CORAL SPRINGS FL 33071		

PRESIDENT

02/11/2014

Date

## FILED Feb 11, 2014 Secretary of State CC3466104159

Date