FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:24

DOCUMENT # 761480 (3)

1. Corporation Name

LAKEVIEW HAMLET ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% CONSOLIDATED 2898 UNIVERSITY DR. CORAL SPRINGS FL 33065	% CONSOLIDATED 2898 UNIVERSITY DR. CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2154791 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 7686 WILES ROAD	26 7686 WILES ROAD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc
23 City & State: CORAL SPRINGS, FL.	28 City & State: CORAL SPRINGS, FL.
24 Zip: 33067 25 County:	29 Zip: 33067 30 County:

9. Name and Address of Current Registered Agent

MILES, JAMES R.
% CONSOLIDATED
2898 UNIVERSITY DR.
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. * OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BOLTON, AMY	12 NAME	
STREET ADDRESS	1485 LAKEVIEW CIR	13 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	VD ☑ Change ☐ Addition
NAME	BOLTON, AMY	22 NAME	PAUL GRILLO
STREET ADDRESS	1485 LAKEVIEW CIRCLE	23 STREET ADDRESS	1560 LAKEVIEW CIRCLE
CITY ST ZIP	CORAL SPRINGS FL	24 CITY ST ZIP	CORAL SPRINGS, FL. 33071
TITLE	SD	31 TITLE	☑ Change ☐ Addition
NAME	LOCKS, BARBARA	32 NAME	COCKS, BARBARA
STREET ADDRESS	1480 LAKEVIEW CIRCLE	33 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL	34 CITY ST ZIP	
TITLE		41 TITLE	D, ☑ Change ☐ Addition
NAME		42 NAME	JEFF HARKAVY
STREET ADDRESS		43 STREET ADDRESS	1550 LAKEVIEW CIRCLE
CITY ST ZIP		44 CITY ST ZIP	CORAL SPRINGS, FL. 33071
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	REGISTERED BY MAY 1
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ mg 4/25/95 305-341-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000352