

2007 NOTIFICATION CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 743381

1. Entity Name

LAWNWOOD CONDOMINIUM ASSOCIATION, INC.



FILED
Feb 07, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

2215 NEBRASKA AVE.
SUITE 2-I
FT PIERCE FL 34950

2215 NEBRASKA AVE.
SUITE 2-I
FT PIERCE FL 34950



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

59-1838885

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGGARWAL, DARSHAN DR
2215 NEBRASKA AVE STE. 2B
SUITE 3
FT. PIERCE FL 34950

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: 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
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
BOHSALI, IBRAHIM
2215 NEBRASKA AVE, STE 1 D
FT PIERCE FL 34950 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
AGGARWAL, DARSHAN DR
2215 NEBRASKA AVENUE, SUITE 2B
FT PIERCE FL 34950 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VPD
SUBRAMANIAN, NANJAPPA DR
2215 NEBRASKA AVENUE SUITE 1E
FT PIERCE FL 34950 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SC
WALIA, SANJIR DR
2215 NEBRASKA AVE. , SUITE 1F
FT PIERCE FL 34950 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

U00000625327
02/14/07-80070-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07

Date

Daytime Phone #