

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

APPROVED
AND
FILED

95 APR 17 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N05138 (5)**

1. Corporation Name

HOMES AT LAWRENCE HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1645 PALM BEACH LAKES BLVD SUITE 1200 WEST PALM BEACH FL 33401
Mailing Address: 1645 PALM BEACH LAKES BLVD SUITE 1200 WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified: 09/14/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0035072
Applied For: Not Applicable

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

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

9. Name and Address of Current Registered Agent
SAPIR, M. RICHARD, ESQ.
1645 PALM BEACH LAKES BLVD
SUITE 1200
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 agent 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: PDS
NAME: RAUCH, NORMAN
STREET ADDRESS: 5695 AUTUMN RIDGE ROAD
CITY - ST - ZIP: LAKE WORTH FL
TITLE: VD
NAME: RAUCH, MELVIN
STREET ADDRESS: 5695 AUTUMN RIDGE ROAD
CITY - ST - ZIP: LAKE WORTH FL
TITLE: D
NAME: RAUCH, IDA
STREET ADDRESS: 5695 AUTUMN RIDGE ROAD
CITY - ST - ZIP: LAKE WORTH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: Change Addition
12 NAME
13 STREET ADDRESS: 5904 TIMBER VALLEY DRIVE
14 CITY - ST - ZIP: LAKE WORTH, FL 33463
21 TITLE: Change Addition
22 NAME
23 STREET ADDRESS: 5904 TIMBER VALLEY DRIVE
24 CITY - ST - ZIP: LAKE WORTH, FL 33463
31 TITLE: Change Addition
32 NAME
33 STREET ADDRESS: 5904 TIMBER VALLEY DRIVE
34 CITY - ST - ZIP: LAKE WORTH, FL 33463
41 TITLE: Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE: Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE: Change Addition
62 NAME
63 STREET ADDRESS
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 Statute. 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: NORMAN RAUCH 4-7-95 407-966-0419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #