

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N05138

1. Corporation Name
Homes at Lawrence Homeowners Association, Inc.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **9/14/84** 3a. Date of Last Report **4/17/95**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 5904 Timber Valley Drive	26 P.O. Box 6199	65-0035072	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Lake Worth, Fl.	28 Lake Worth, Fl.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 33463 25 USA	29 33466 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
Sapir, M. Richard
1645 P.B. Lakes Blvd. #1200
West Palm Beach, Fl. 33401

10. Name and Address of New Registered Agent

81 Name	Rauch, Norman
82 Street Address (P.O. Box Number is Not Acceptable)	3450 S. Ocean Blvd. #522
83	
84 City	Palm Beach
85 State	FL
86 Zip	33480

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **Norman Rauch** DATE **8-1-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P-S-D Rauch, Norman	<input type="checkbox"/>
NAME	5904 Timber Valley Drive	
STREET ADDRESS	Lake Worth, Fl. 33463	
CITY-ST-ZIP		
TITLE	V-D Rauch, Melvin	<input type="checkbox"/>
NAME	5904 Timber Valley Drive	
STREET ADDRESS	Lake Worth, Fl. 33463	
CITY-ST-ZIP		
TITLE	D Rauch, Ida	<input checked="" type="checkbox"/>
NAME	5904 Timber Valley Drive	
STREET ADDRESS	Lake Worth, Fl. 33463	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	P-S-D Rauch, Norman	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	3450 South Ocean Blvd. #522		
13 STREET ADDRESS	Palm Beach, Fl. 33480		
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE	D Weinberg, Leonard	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32 NAME	5904 Timber Valley Drive		
33 STREET ADDRESS	Lake Worth, Florida 33463		
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE	300001927833	<input type="checkbox"/>	<input type="checkbox"/>
52 NAME	-08/21/96--01012--032		
53 STREET ADDRESS	***61.25		
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 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: *[Signature]* **Norman Rauch** DATE **8-1-96** TELEPHONE **966 5147**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)