

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Sep 17 1998 8:00am  
 Secretary of State

61007819

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N05138 (5)  
 1. Corporation Name  
 HOMES AT LAWRENCE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
 5904 TIMBER VALLEY DR. P.O. BOX 6199  
 LAKE WORTH FL 33463 LAKE WORTH FL 33466

3. Date Incorporated or Qualified  
 09/14/1984  
 4. FEI Number 65-0035072  
 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

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. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 RAUCH, HARRY  
 5904 TIMBER VALLEY DR  
 STE. #522  
 LAKE WORTH FL 33463

10. Name and Address of New Registered Agent  
 81 Name Kathy Webb Salata Touchstone Webb Management  
 82 Street Address (P.O. Box Number is Not Acceptable) 5710 S. Dixie Hwy.  
 83 West Palm Beach FL 33405  
 84 City West Palm Beach FL 85 Zip Code 33405

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 *Kathleen Salata* KATHLEEN SALATA 8-11-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	RAUCH, HARRY	
STREET ADDRESS	5904 TIMBER VALLEY DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RAUCH, MELVIN	
STREET ADDRESS	5904 TIMBER VALLEY DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEINBERG, LEONARD	
STREET ADDRESS	5904 TIMBER VALLEY DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James Stephens, Jr.	
1.3 STREET ADDRESS	7053 Glenwood Drive	
1.4 CITY-ST-ZIP	Lantana FL 33462	
2.1 TITLE	Vice President II, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Reggie Harris	
2.3 STREET ADDRESS	7045 Glenwood Drive	
2.4 CITY-ST-ZIP	Lantana FL 33462	
3.1 TITLE	Treasurer, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mary Armstrong	
3.3 STREET ADDRESS	7268 Willow Spring Cir North	
3.4 CITY-ST-ZIP	Lantana FL 33462	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: *Kathleen Salata Leon* 8-12-98 561-549-4001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)