

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90153 020 ****61.25

0037415

DOCUMENT # N05138

1. Entity Name

HOMES AT LAWRENCE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2994 JOG RD
 B
 GREENACRES FL 33467

2994 JOG RD
 B
 GREENACRES FL 33467

00027031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0035072

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

GERRISH, SCOT A
 2994 JOG RD, SUITE B
 GREENACRES FL 33467

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	RICKS, DEBORAH	
STREET ADDRESS	7332 WILLOW SPRING CIRCLE SOUTH	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VPD	☐ Delete
NAME	THOMPSON, LESLIE	
STREET ADDRESS	7414 WILLOW SPRING CIRCLE NORTH	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	TD	☐ Delete
NAME	MCNEALY, MARTHA	
STREET ADDRESS	7419 WILLOW SPRING CIRCLE NORTH	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	SD	☐ Delete
NAME	BROWN, EASEMERA	
STREET ADDRESS	7395 WILLOW SPRING CIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	ASD	☒ Delete
NAME	ALLEN, LAVELLE	
STREET ADDRESS	7296 PALMDALE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Deborah Ricks
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/02

(561)

641-1016

CR2E037 (9/01)