
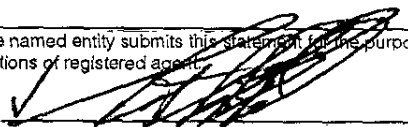
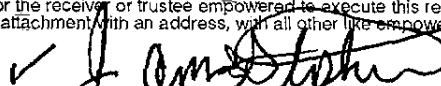


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 08:00 AM
Secretary of State
2005

DOCUMENT # N05138 1. Entity Name HOMES AT LAWRENCE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2994 JOG RD B GREENACRES FL 33467		Mailing Address 2994 JOG RD B GREENACRES FL 33467	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
4. FEI Number 65-0035072		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERRISH, SCOT A 2994 JOG RD, SUITE B GREENACRES FL 33467		7. Name and Address of New Registered Agent 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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		Scot Gerrish 4/12/05 <small>(NOTE: Registered Agent signature required when re-registering) DATE</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE
NAME	STEPHENS, JAMES		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	70563 GLENWOOD DR		
CITY-ST-ZIP	BOYNTON BEACH FL 33436		
TITLE	VD	<input type="checkbox"/> Delete	TITLE
NAME	ALEXIS, OSNER		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7347 PINEDALE DR		
CITY-ST-ZIP	BOYNTON BEACH FL 33436		
TITLE	TD	<input type="checkbox"/> Delete	TITLE
NAME	EVANS, JOHN		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7350 WILLOW SPRING CIR S		
CITY-ST-ZIP	BOYNTON BEACH FL 33436		
TITLE	D	<input type="checkbox"/> Delete	TITLE
NAME	BROWN, EASAMERA		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7395 WILLOW SPRINGS CIRCLE EAST		
CITY-ST-ZIP	BOYNTON BEACH FL 33436		
TITLE	D	<input type="checkbox"/> Delete	TITLE
NAME	MCNEALY, MARTHA		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7419 WILLOW SPRINGS CIRCLE NORTH		
CITY-ST-ZIP	BOYNTON BEACH FL 33436		
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		James Stephens 4/25/05 (521) 441-1016 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>	



1st MOORE CR2E037 (10/04)

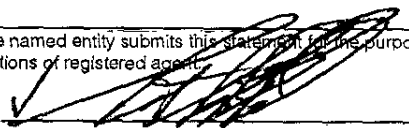
4. FEI Number **65-0035072** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent
 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  **Scot Gerrish** **4/12/05**
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, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

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NAME	STEPHENS, JAMES		NAME		
STREET ADDRESS	70563 GLENWOOD DR		STREET ADDRESS		
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TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEXIS, OSNER		NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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04/29/05-80004-012 61.25

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SIGNATURE:  **James Stephens** **4/25/05 (521) 441-1016**
Signature and typed or printed name of signing officer or director Date Daytime Phone #