

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90080 012 *****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0035072**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICKS, DEBORAH 7332 WILLOW SPRING CIRCLE SOUTH BOYNTON BEACH FL 33436 <input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	JAMES STEPHENS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7053 GLENWOOD DR BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMPSON, LESLIE 7414 WILLOW SPRING CIRCLE NORTH BOYNTON BEACH FL 33436 <input checked="" type="checkbox"/> Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	OWNER ALEXIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7347 PINEDALE DR BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCNEALY, MARTHA 7419 WILLOW SPRING CIRCLE NORTH BOYNTON BEACH FL 33436 <input checked="" type="checkbox"/> Delete	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	JOHN EVANS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7350 WILLOW SPRING CIR S BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, EASEMERA 7395 WILLOW SPRING CIR BOYNTON BEACH FL 33436 <input checked="" type="checkbox"/> Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	ANDREW FRANCIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7381 WILLOW SPRINGS CIR E BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ☒ **James Stephens** 15 MAY 03 561-798-3700

CR2E037 (10/02)