

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

PENDING
04-05-2004 90388 003 ****70.00
N93000001583

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32304



MOORE CR2E037 (11/03)

DOCUMENT # N93000001583			
1. Entity Name LAWN ACRES CIVIC ASSOCIATION, INC.			
Principal Place of Business 400 SOUTH 57TH TERRACE HOLLYWOOD FL 33023		Mailing Address 400 SOUTH 57TH TERRACE HOLLYWOOD FL 33023	
2. Principal Place of Business 522 S. 58 TERRACE Suite, Apt. #, etc.		3. Mailing Address 522 S. 58 TERRACE Suite, Apt. #, etc.	
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL.	
Zip 33023	Country BROWARD	Zip 33023	Country BROWARD
6. Name and Address of Current Registered Agent DINKEL, DAVID O II 400 SOUTH 57TH TERRACE HOLLYWOOD FL 33023-1429		7. Name and Address of New Registered Agent Name CARLOS F. LLANOS Street Address (P.O. Box Number is Not Acceptable) 522 S. 58 TERR City HOLLYWOOD FL Zip Code 33023	
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 <u><i>[Signature]</i></u> CARLOS F. LLANOS, PRESIDENT DATE 03-30-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW - FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DINKEL, DAVID O II 400 SOUTH 57TH TERRACE HOLLYWOOD FL 33023 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARLOS F. LLANOS 522 S. 58 TERRACE HOLLYWOOD, FL 33023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PAPPAS, JOSEPH 519 58TH TERRACE HOLLYWOOD FL 33023 <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	TD RYGIEL, MARY 408 SOUTH 57TH AVENUE HOLLYWOOD FL 33023 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CAROLINA ALIG 415 S. 56 TERRACE HOLLYWOOD, FL 33023 <input checked="" 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	800040426538 08/23/04--01057--002 **542.50 <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
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: <u><i>[Signature]</i></u> CARLOS F. LLANOS, PRESIDENT DATE 03-30-04 (954) 767-9798 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			