


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90392 049 ****61.25

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**

40057376



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04182006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
**DINKEL, OREN D
 400 SOUTH 57TH TERRACE
 HOLLYWOOD, FL 33023**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DINKEL, OREN D	
STREET ADDRESS	400 SOUTH 57TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	V	<input type="checkbox"/> Delete
NAME	PAPPAS, JOSEPH	
STREET ADDRESS	519 58TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	T	<input type="checkbox"/> Delete
NAME	RYGIEL, MARY	
STREET ADDRESS	415 S 56 TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYGIEL, MARY	
STREET ADDRESS	408 50 57 AVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mary F. Rygiel / Treasurer **4/17/06** **954 987-0706**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #