


**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

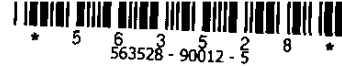
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N05138**

1. Corporation Name

**HOMES AT LAWRENCE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

[REDACTED]

[REDACTED]



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

28 5710 S. DIXIE HWY

09/14/1984

22 City & State

27 Suite #  
 28 WEST PALM BEACH FL

4. FEI Number  
 65-0035072

Applied For  
 Not Applicable

23 Zip

Country

29 Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Applied For  
 Not Applicable

9. Name and Address of Current Registered Agent

KATHY WEBB SALATA  
 5710 S. DIXIE HWY.  
 STE. #522  
 WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Kathy Webb Salata

DATE 4-29-99

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE PD  
 NAME STEPHENS, JAMES JR.  
 STREET ADDRESS 7053 GLENWOOD DR  
 CITY-ST-ZIP LANTANA FL 33462

1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE VD  
 NAME HARRIS, REGGIE  
 STREET ADDRESS 7045 GLENWOOD DR  
 CITY-ST-ZIP LANTANA FL 33462

2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE TD  
 NAME ARMSTRONG, MARY  
 STREET ADDRESS 7268 WILLOW SPRING CIR NORTH  
 CITY-ST-ZIP LANTANA FL 33462

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Stephens  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-29-99  
 Daytime Phone #

CR2E037 (1/1/98)