

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90153 020 ****61.25

0037415

DOCUMENT # N05138

1. Entity Name

HOMES AT LAWRENCE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2994 JOG RD
 B
 GREENACRES FL 33467

2994 JOG RD
 B
 GREENACRES FL 33467

00027031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0035072

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME RICKS, DEBORAH
 STREET ADDRESS 7332 WILLOW SPRING CIRCLE SOUTH
 CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD ☐ Delete
 NAME THOMPSON, LESLIE
 STREET ADDRESS 7414 WILLOW SPRING CIRCLE NORTH
 CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD ☐ Delete
 NAME MCNEALY, MARTHA
 STREET ADDRESS 7419 WILLOW SPRING CIRCLE NORTH
 CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME BROWN, EASEMERA
 STREET ADDRESS 7395 WILLOW SPRING CIR
 CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ASD ☒ Delete
 NAME ALLEN, LAVELLE
 STREET ADDRESS 7296 PALMDALE DRIVE
 CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/02

(561)

641-1016

CR2E037 (9/01)