2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Masenwin & Brown

FILED Apr 03, 2006 8:00 am Secretary of State

3/23/06 641-1016
Date Daving Phone #

DOCUMENT # N05138 1. Entity Name HOMES AT LAWRENCE HOMEOWNERS ASSOCIATION, INC.									04-03-2	006 90	1399 ()19	01.2	.3
Principal Place of Business 2994 JOG RD B GREENACRES, FL 33467			2994 J B	Mailing Address 2994 JOG RD B GREENACRES, FL 33467					\$8 5 8 8 378			5000 In alle (1111)		
2. Principal Place of Business 3			3. Mailin	3. Mailing Address										
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				03132006	Chg-NP	(CR2E0	37 (11/05))	
City & State			City & State				4. FEI Number 65-0035072			•	Applied For Not Applicab			
Zip		Country	Zip		Cou	intry		5. Certificate	e of Status Des	ired		\$8.75 A Fee Requi		nal
6. Name and Address of Current Register				I Agent Name				7. Name and Address of New Registered Agent						
GERRISH, SCOT A 2994 JOG RD, SUITE B GREENACRES, FL 33467							reet Address (P.O. Box Number is Not Acceptable)							
						City	•				FL	Zip Co	ode	
	ions of regis	ly submits this statement for tered agent.						ed agent, or bo	oth, in the State	of Florid			n, and	accept
Filing Fee is \$61.25 Due by May 1, 2006				Election Campaign Financing Trust Fund Contribution.				\$5.00 May Added to Fee				k payable rtment of		ı
10.		OFFICERS AND DIR	ECTORS		11.			ADDITIONS/C	HANGES TO O	FFICERS	AND D	RECTORS	IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	70563 GI	NS, JAMES LENWOOD DR N BEACH, FL 33436		☐ Delete			SD					Change	· [Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP: —	1	OSNER EDALE DR IN BEACH, FL 33436 -		⊠ Delete	1		-			·		☐ Change		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	JOHN LOW SPRING CIR S N BEACH, FL 33436		S Delete								☐ Change		Addition
TITLE NAME STREET ADDRESS CITY-\$1-ZIP	7395 WIL	EASAMERA LOW SPRINGS CIRCLE N BEACH, FL 33436	E EAST	□ Delete			PD Augi	ustus,	Easar	nero	z Br	S Change		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7419 WIL	Y, MARTHA LOW SPRINGS CIRCLE IN BEACH, FL 33436	E NORTH	□ Delete			20					Change		Addition
NAME STREET ADDRESS CITY-ST-ZIP				□ Delete				imbau 42 Pin Inton (□Change 343L	_	Ճ Addilion
indicated of the cor	on this repo poration or t	ne information supplied with int or supplemental report is the receiver or trustee emporachment with an address, v	true and ac wered to ex	curate and that secute this report	my signa as requi	ture shall h	ontained ave the	l in Chapter 11 same legal effe	9, Florida Stati ect as if made t	utes. I fur Inder oat	ther cer h; that I	tify that the am an offic	informer or of or Blo	director