



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90004 024 \*\*\*\*61.25

|  |                                  |  |   |  |  |
|--|----------------------------------|--|---|--|--|
| DOCUMENT # N05138  |                                  |  |   |   |  |
| 1. Entity Name<br>HOMES AT LAWRENCE HOMEOWNERS ASSOCIATION, INC.   |                                  |  |   |  |  |
| Principal Place of Business<br>2950 JOG RD<br>GREENACRES, FL 33467   |                                  | Mailing Address<br>2950 JOG RD<br>GREENACRES, FL 33467                           |   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                                  | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |                                  | Suite, Apt. #, etc.  |   |  |  |
| City & State   |                                  | City & State   |   |  |  |
| Zip  | Country                          | Zip  | Country   | 04272007 Chg-NP CR2E037 (12/06)  |  |
| 4. FEI Number<br>65-0035072  |                                  |  |   | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                  |  |   | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent  |                                  |  | 7. Name and Address of New Registered Agent           |  |  |
| DICKER, EDWARD ESQ.<br>1818 AUSTRALIAN AVE S STE 400<br>W PALM BCH, FL 33409   |                                  |  | 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<br>Due by May 1, 2007  |                                  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be Added to Fees  |  |
|  |                                  |  |   | Make check payable to Florida Department of State                                  |  |
| 10. OFFICERS AND DIRECTORS   |                                  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  |
| TITLE  | SD                               | <input type="checkbox"/> Delete  | TITLE   | SD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | STEPHENS, JAMES                  |  | NAME  |  |  |
| STREET ADDRESS   | 70563 GLENWOOD DR                |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | BOYNTON BEACH, FL 33436          |  | CITY-ST-ZIP   |  |  |
| TITLE  | PD                               | <input type="checkbox"/> Delete  | TITLE   | PTD  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | AUGUSTUS. EASAMERA B             |  | NAME  |  |  |
| STREET ADDRESS   | 7395 WILLOW SPRINGS CIRCLE EAST  |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | BOYNTON BEACH, FL 33436          |  | CITY-ST-ZIP   |  |  |
| TITLE  | VD                               | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | MCNEALY, MARTHA                  |  | NAME  |  |  |
| STREET ADDRESS   | 7419 WILLOW SPRINGS CIRCLE NORTH |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | BOYNTON BEACH, FL 33436          |  | CITY-ST-ZIP   |  |  |
| TITLE  | D                                | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | STAMBAUGH, GARY                  |  | NAME  |  |  |
| STREET ADDRESS   | 7442 PINEDALE DR                 |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | BOYNTON BEACH, FL 33436          |  | CITY-ST-ZIP   |  |  |
| TITLE  |                                  | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                                  |  | NAME  |  |  |
| STREET ADDRESS   |                                  |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                                  |  | CITY-ST-ZIP   |  |  |
| TITLE  |                                  | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                                  |  | NAME  |  |  |
| STREET ADDRESS   |                                  |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                                  |  | 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: <i>James Stephens</i>   |                                  |  | Date: 04/19/07  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                                  |  | Daytime Phone #: 641-1016                             |  |  |