



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90201 021 \*\*\*\*61.25

<b>DOCUMENT # N05138</b>					
1. Entity Name HOMES AT LAWRENCE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2950 JOG RD GREENACRES, FL 33467		Mailing Address 2950 JOG RD 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	02062008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0035072				Applied For <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. 1818 AUSTRALIAN AVE S STE 400 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, JAMES		NAME		
STREET ADDRESS	70563 GLENWOOD DR		STREET ADDRESS	7053 Glenwood Drive	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input 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	TD	<input checked="" 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>Clarence Brown Auguste</i>			Date: 02/06/08		Daytime Phone #: 641-1014
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>