


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N05138			
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
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>			
Filing Fee is \$61.25 Due by May 1, 2008		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 Augustus</i>		Date	02/06/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	641-1014