2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State
05-21-2003 90080 012 ****61.25

0041015

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0035072 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GERRISH, SCOT A
2994 JOG RD, SUITE B
GREENACRES FL 33467

7. Name and Address of New Registered Agent

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 Scot A Gerrish Manager March 24, 2003

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RICKS, DEBORAH 7332 WILLOW SPRING CIRCLE SOUTH BOYNTON BEACH FL 33436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAMES STEPHENS 7053 GLENWOOD DR BOYNTON BEACH, FL 33436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD THOMPSON, LESLIE 7414 WILLOW SPRING CIRCLE NORTH BOYNTON BEACH FL 33436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OWNER ALEXIS 7347 PINEDALE DR BOYNTON BEACH, FL 33436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCNEALY, MARTHA 7419 WILLOW SPRING CIRCLE NORTH BOYNTON BEACH FL 33436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOHN EVANS 7350 WILLOW SPRING CIR S BOYNTON BEACH, FL 33436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BROWN, EASEMERA 7395 WILLOW SPRING CIR BOYNTON BEACH FL 33436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANDREW FRANCIS 7381 WILLOW SPRINGS CIR E BOYNTON BEACH, FL 33436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: ✓ James Stephens 15 MAY 03 561-798-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR