

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05138

**Entity Name:** HOMES AT LAWRENCE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 05, 2013**  
**Secretary of State**  
**CC7435332585**

**Current Principal Place of Business:**

C/O 2950 JOG RD  
GREENACRES, FL 33467

**Current Mailing Address:**

C/O 2950 JOG RD  
GREENACRES, FL 33467 US

**FEI Number: 65-0035072**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ALYSON, MARA P.A.  
10100 W SAMPLE RD STE 101  
CORAL SPRINGS, FL 33065 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BROWN, EASEMERA  
Address        7395 WILLOW SPRINGS CIRCLE EAST  
City-State-Zip: BOYNTON BEACH FL 33436

Title            VP  
Name            MCNEALY, MARTHA  
Address        7419 WILLOW SPRINGS CIRCLE  
                  NORTH  
City-State-Zip: BOYNTON BEACH FL 33436

Title            SD  
Name            SYLVAIN, MAXIN  
Address        7327 WILLOW SPRINGS CIRCLE  
                  WEST  
City-State-Zip: BOYNTON BEACH FL 33436

Title            TD  
Name            LYONS-NORFUS, PEARL  
Address        7299 WILLOW SPRINGS CIRCLE  
                  WEST  
City-State-Zip: BOYNTON BEACH FL 33436

Title            D  
Name            STUBBS, JUNE  
Address        7396 WILLOW SPRINGS CIRCLE  
                  NORTH  
City-State-Zip: BOYNTON BEACH FL 33436

Title            D  
Name            STEPHENS, JAMES  
Address        7053 GLENWOOD DRIVE  
City-State-Zip: BOYNTON BEACH FL 33436

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: EASEMERA BROWN**

**PRESIDENT**

**04/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date