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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 743381

1. Corporation Name

LAWNWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2215 NEBRASKA AVE.
 SUITE 2-I
 FT PIERCE FL 34950

Mailing Address

2215 NEBRASKA AVE.
 SUITE 2-I
 FT PIERCE FL 34950



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

06/27/1978

4. FEI Number

59-1838885

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BOHEALI, IBRAHIM MD
 2215 NEBRASKA AVE
 SUITE 1D
 FT. PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE: *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

5-12-99

12. OFFICERS AND DIRECTORS

TITLE VP DELETE
 NAME SUBRAMANIAN, NANJAPPA
 STREET ADDRESS 2215 NEBRASKA AVE, SUITE 1E
 CITY-ST-ZIP FT PIERCE FL 34950

TITLE PD DELETE
 NAME BOHSALI, IBRAHIM
 STREET ADDRESS 2215 NEBRASKA AVENUE, SUITE 1D
 CITY-ST-ZIP FT PIERCE FL 34950

TITLE SD DELETE
 NAME KHUDDUS, SHAIK *Libra*
 STREET ADDRESS 2215 NEBRASKA AVENUE SUITE 2C
 CITY-ST-ZIP FT PIERCE FL 34950

TITLE TD DELETE
 NAME PRASAD, TUMMALA
 STREET ADDRESS 2215 NEBRASKA AVE., SUITE 2F
 CITY-ST-ZIP FT PIERCE FL 34950

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY Change Addition
 1.2 NAME SUBRAMANIAN, NANJAPPA
 1.3 STREET ADDRESS 2215 NEBRASKA AVE., SUITE 1E
 1.4 CITY-ST-ZIP FT PIERCE FL 34950

2.1 TITLE PRESIDENT Change Addition
 2.2 NAME BOHSALI, IBRAHIM
 2.3 STREET ADDRESS 2215 NEBRASKA AVE., SUITE 1D
 2.4 CITY-ST-ZIP FT PIERCE, FL 34950

3.1 TITLE TREASURER Change Addition
 3.2 NAME LIBRE, PAT
 3.3 STREET ADDRESS 2215 NEBRASKA AVE., SUITE 2C
 3.4 CITY-ST-ZIP FT PIERCE, FL 34950

4.1 TITLE VICE PRESIDENT Change Addition
 4.2 NAME Prasad, Tummala
 4.3 STREET ADDRESS 2215 Nebraska Ave., Suite 2F
 4.4 CITY-ST-ZIP FT. PIERCE, FL 34950

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] RECOMMENDED

Date

Daytime Phone #

5-12-99

CR2E037 (11/98)