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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N03348 (2)
 1. Corporation Name
LAWRENCE WOODS PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business Mailing Address
 6686 LAWRENCE WOODS CT. LANTANA FL 33462
 6686 LAWRENCE WOODS CT. LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/30/1984	3a. Date of Last Report 03/04/1994
4. FEI Number 65-0075027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent
**BENNETT, TERESA J.
 6686 LAWRENCE WOODS CT
 LANTANA FL 33462**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALPERT, KENNETH
STREET ADDRESS	6678 LAWRENCE WOODS CT
CITY- ST- ZIP	LANTANA FL
TITLE	TD
NAME	BENNETT, TERESA
STREET ADDRESS	6686 LAWRENCE WOODS CT.
CITY- ST- ZIP	LANTANA FL
TITLE	S
NAME	FEICK, ELAINE
STREET ADDRESS	6710 LAWRENCE WOODS CT.
CITY- ST- ZIP	LANTANA FL
TITLE	V
NAME	LOVE, JOHN
STREET ADDRESS	6703 LAWRENCE WOODS CT.
CITY- ST- ZIP	LANTANA FL
TITLE	V
NAME	RICE, LEE
STREET ADDRESS	6599 LAWRENCE WOODS CT.
CITY- ST- ZIP	LANTANA FL
TITLE	D
NAME	MITCHELL, ANTHONY
STREET ADDRESS	6614 LAWRENCE WOODS CT
CITY- ST- ZIP	LANTANA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Teresa J. Bennett Teresa J. Bennett 2 Mar 95 (417) 917-9713
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime (Area #)
 Treasurer