


FILE NOW: FILING FEE IS \$61.25

FILED

**May 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03348 (2)
1. Corporation Name
LAWRENCE WOODS PROPERTY OWNERS' ASSOCIATION, INC



Principal Place of Business 6686 LAWRENCE WOODS CT. LANTANA FL 33462	Mailing Address 6686 LAWRENCE WOODS CT. LANTANA FL 33462
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3. Date Incorporated or Qualified
05/30/1984

4. FEI Number
65-0075027

Applied For	Not Applicable
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21. Principal Place of Business 6671 Lawrence Woods Ct.	22. Mailing Address 6671 Lawrence Woods Ct.
23. City & State Lantana, FL	24. City & State Lantana FL
25. Zip 33462	26. Country USA
27. Zip 33462	28. Country USA

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 Kelly J. Stropki
82 Street Address (P.O. Box Number Is Not Acceptable) 6671 Lawrence Woods Ct.
83
84 City Lantana
85 Zip Code FL 33462

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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALPERT, KENNETH		1.2 NAME	
STREET ADDRESS 6678 LAWRENCE WOODS CT		1.3 STREET ADDRESS	
CITY-ST-ZIP LANTANA FL		1.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENNETT, TERESA		2.2 NAME	
STREET ADDRESS 6686 LAWRENCE WOODS CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP LANTANA FL		2.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICE, LEE		3.2 NAME	
STREET ADDRESS 6599 LAWRENCE WOODS CT.		3.3 STREET ADDRESS	
CITY-ST-ZIP LANTANA FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MITCHELL, ANTHONY		4.2 NAME	
STREET ADDRESS 6614 LAWRENCE WOODS CT		4.3 STREET ADDRESS	
CITY-ST-ZIP LANTANA FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE TREASURER / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Kelly J. Stropki	
STREET ADDRESS		5.3 STREET ADDRESS 6671 Lawrence Woods Ct	
CITY-ST-ZIP		5.4 CITY-ST-ZIP LANTANA, FL 33462	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Kelly Stropki **QUILD**

4-27-98

CR2037 (10/97)