

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # NO3348

Corporation Name

LAWRENCE WOODS PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business 6671 LAWRENCE WOODS CT LANTANA FL 33462 us

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

6671 LAWRENCE WOODS CT LANTANA FL 33462

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## FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90095 044 \*\*\*\*61.25



3. Date incorporated or Qualifed

5. Certificate of Status Desired

05/30/1984

65-0075027

4. FEI Number

Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00 N	- 1	
24	25	29 30			Trust Fund Contribution		Added to	Fees	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
			81  N	lame				ļ	
Stropki, Kelly				Street Addres	ss (P.O. Box Number is Not Accepta	ible)	•		
6671 LAWRENCE WOODS CT									
LANTANA FL 33462				_					
PULLVIAN	1 2 00402		100	~!L.			85 Zip C	ode	
			84 0	City		FL	03   Zip Ci	000	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								ì	
			13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOF	RS IN 12	
TITLE	TD	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	STROPKI, KELLY		1.2 NAME				•	•	
STREET ADDRESS	6671 LAWRENCE WOODS DR	'	1.3 STREET AD	DRESS				Ì	
CITY-ST-ZIP	LANTANA FL 33462		1.4 CITY-ST-ZI	p	_				
TITLE	D	DELETE	2.1 ππLE	SE	CRETARY / DTRECTOR		Change	Addition	
NAME .	BENNETT, TERESA		2.2 NAME		A C +		+ '	/ V	
STREET ADDRESS	AAAA A AMINENIAE WAAAAA AT		2.3 STREET AD	ORESS (.6	15 LAWRENCE WOODS	e bure	•	}	
CITY-ST-ZIP	LANTANA FL		2. 4 CITY-ST-Z	الما الم	AUTANA, FL 3346 a				
TITLE	PD	DELETE	3.1 TITLE	PI	D		Change	Addition	
NAME	RICE, LEE		3.2 NAME	m	ARK JENARD		-	<b>/</b>	
STREET ADDRESS	6599 LAWRENCE WOODS CT.		3.3 STREET AD	DRESS 67	103 LAWRENCE WOOD	scoun	•		
CITY-ST-ZIP	LANTANA FL		3.4. CITY-ST-Z	ar LA	antana, FL 33462				
TITLE	D	☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME	MITCHELL, ANTHONY		4. 2 NAME						
STREET ADDRESS	6614 LAWRENCE WOODS CT		4.3 STREET AD	DRESS					
CITY-ST-ZIP	LANTANA FL		4.4 CITY-ST-ZI	IP	_				
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS	·.		5.3 STREET AD	ORESS				}	
CITY-ST-ZIP		,	5.4 CITY-ST-ZI	IP					
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET AD	DORESS					
CITY-ST-ZIP	}		6.4 CITY-ST-ZI	IP					

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:

Applied For

\$8.75 Additional

Fee Required

Not Applicable