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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N39557** **(6)**

1. Corporation Name
LAWNWOOD PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1500 N LAWNWOOD CIRCLE FT PIERCE FL 34950	1500 N LAWNWOOD CIRCLE FT PIERCE FL 34950

3. Date Incorporated or Qualified: 08/16/1990

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business	26 2a. Mailing Address: P.O. BOX 30475 N/A
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: PALM BEACH GARDENS, FL
24 Zip / 25 Country	29 Zip: 33420 / 30 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

BRENNAN, JOHN T
1500 N LAWNWOOD CIRCLE
FT PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name: ELAINE OLSON
82 Street Address (P.O. Box Number is Not Acceptable): 12209 COCONUT ROAD
83: P.O. BOX 30954
84 City: PALM BEACH GARDENS **FL** 85 Zip Code: 33420

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
Signature, type or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAGON, KEITH L 1500 N LAWNWOOD CIRCLE FT PIERCE FL 34950	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT D P.O. BOX 30954 N/A PALM BEACH GARDENS, FL 33420	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLSEN, ELAINE L 1500 N LAWNWOOD CIRCLE FT PIERCE FL 34950	☐ DELETE	2.1 TITLE * / 2.2 NAME OLSON / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SECRETARY/TREASURER D OLSON, ELAINE P.O. BOX 30954 N/A PALM BEACH GARDENS, FL 33420	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALMEIDA, JR., ALFERD E 1166 BAYSHORE DR. #206 FT PIERCE FL 34949	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	 (DECEASED)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIXON, RALPH 1516 N LAWNWOOD CIRCLE FT PIERCE FL 34950	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D DIXON, RALPH 1516 N. LAWNWOOD CIRCLE FT. PIERCE FL 34950	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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: _____ 4/20/98 (561) 466-8711