2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
05-03-2000 90061 040 ****61.25

DOCUMENT # N39557

1. Entity Name

LAWNWOOD PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1500 N LAWNWOOD CIRCLE FT PIERCE FL 34950	P.O. BOX 65 ADVANTAGE PROPERTY MGT JENSEN BEACH FL 34958-0065 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0680310 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLSON, ELAINE 12209 COCONUT ROAD ~~PO BOX 30954~~ PALM BEACH GARDENS FL ~~33420~~	Name Street Address (P.O. Box Number is Not Acceptable) DELETE P.O. BOX PLEASE City **FL** Zip Code 33410

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: **FEE IS $61.25**	9. *Election Campaign Financing* Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	***Make Check Payable to*** **Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAGON, KEITH L ~~PO BOX 30954~~ N/A PALM BEACH GARDENS FL ~~33420~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 12209 COCONUT ROW 33410
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD OLSON, ELAINE ~~PO BOX 30954~~ N/A PALM BEACH GARDENS FL ~~33420~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 12209 COCONUT ROW 33410
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIXON, RALPH 1516 N LAWNWOOD CIRCLE FT PIERCE FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE OLSON FILED Sec/Treas 24 April 2000 561-655-8711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #