2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39557

1a. Entity Name

LAWNWOOD PLACE HOMEOWNERS ASSOCIATION, INC.

FILED

01 APR 27 AM 9:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

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 us

2. Principal Place of Business	3. Mailing Address
1518 N LAWNWOOD CIRCLE	1518 N LAWNWOOD CIRCLE
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: FT PIERCE, FLORIDA	City & State: FT PIERCE, FLORIDA
Zip: 34950 Country: USA	Zip: 34950 Country: USA

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 PALM BEACH GARDENS FL 33420	Name: ROBERT HIPLE Street Address (P.O. Box Number is Not Acceptable): 1518 N LAWNWOOD CIRCLE City: FT PIERCE **FL** Zip Code: 34950

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: R L Hiple - PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

500004163825--0
-05/09/01--01004--012
*****61.25 *****61.25
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 12209 COCONUT ROW WEST PALM BEACH FL 33410	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HIPLE, ROBERT 1518 N LAWNWOOD CIRCLE FT PIERCE FL 34950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD OLSON, ELAINE 12209 COCONUT ROW WEST PALM BEACH FL 33410	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JUSTICE, LARRY 1512 N LAWNWOOD CIRCLE FT PIERCE FL 34950	☒ Change ☐ Addition
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	T DIXON, RALPH 1516 N LAWNWOOD CIRCLE FT PIERCE FL 34950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DIXON, DOROTHY 1516 N LAWNWOOD CIRCLE FT PIERCE FL 34950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

CR2E037 (11/00)

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: R L Hiple PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #