2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90522 017 ****61.25

DOCUMENT # N39557

1. Entity Name

LAWNWOOD PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1518 N. LAWNWOOD CIR. FT PIERCE FL 34950	P.O. BOX 525 FORT PIERCE FL 34954-0525

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
~~1542 N. Lawnwood Cir~~	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ~~Ft Pierce FL~~	City & State
Zip: ~~34950~~ Country: ~~USA~~	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
BROWN, PETER 1546 N LAWNWOOD CR FORT PIERCE FL 34950	Name: Ash, Amy Street Address (P.O. Box Number is Not Acceptable): 1542 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Amy Ash, PRESIDENT 4-20-04
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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROWN, PETER 1546 N LAWNWOOD CR FORT PIERCE FL 34950	☒ Delete	D Mcelhiney, Dave 1508 N Lawnwood Circle Fort Pierce, FL 34950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JUSTICE, LARRY 1512 N. LAWNWOOD CIR. FT PIERCE FL 34950	☐ Delete	VPD G. BURTON SALEEBY 1536 N. LAWNWOOD CIRCLE, UNIT 2 FT PIERCE, FL 34954	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TREWYN, TIMOTHY P.O. BOX 525 FORT PIERCE FL 34954	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RICHARDSON, LYNDA P.O. BOX 525 FORT PIERCE FL 34954	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASH, AMY P.O. BOX 525 FORT PIERCE FL 34954	☐ Delete	PD ASH, AMY P.O. BOX 525 FT PIERCE, FL 34954	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Timothy C Trewyn 4/17/2004 (772)460-1825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #