2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2005 8:00 am Secretary of State

4-16/2005 (772)466-1600x6232

DOCUMENT # N39557 1. Entity Name LAWNWOOD PLACE HOMEOWNERS ASSOCIATION, INC.								04-11	-2005 9	0189 0)9 ****6	1.25	
Principal Place of Business 1518 N. LAWNWOOD CIR. FT PIERCE, FL 34950 Mailing Address P.O. BOX 525 FORT PIERCE, FL 34954-6				-0525	5				50036442				
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Principal Place of Business 3. M		3. Mailing	Mailing Address			-							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				i	04052005	Chg-N	lP	CR2E	037 (10/03	3) -	
City & State		City & State					4. FEI Numbe 65-068	0310			Applied For Not Applicable		
Zip	Country	Zip		Coun	ntry		-5Certificate	of Status	Desired -	O	\$8.75 A	Additio	nal
	6. Name and Address of Current	Registered	Agent				7. Name and	Address	of New R	legistere	<u> </u>	illeu	<u></u>
ASH, AMY 1542 N LAWNWOOD CR					Name					•	-		
				ŀ	Street Ad	dress (I	P.O. Box Numb	er is Not	Acceptable	9)			
FORT PIER	RCE, FL 34950			ŀ		<u>.</u>					 		
				-	City	-		_			■ Zip C	ode	
										F			
	named entity submits this statement for ions of registered agent.	or the purpos	e of changing its re	gistere	d office or	register	ed agent, or bo	th, in the	State of Fi	orida. I a	m familiar w	ith, an	d accept
SIGNATURE .			, ace)					,		
SIGNATURE	Signature, typed or printed name of registered agen	and title if applica	sble. (NOTE: R	Registered	Agent signatur	ré required	when reinstating)	Isioa	NAS VIVINOS	DATE		ur essencial	Fatigation in
SIGNATURE .	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2005	ot and title if applica	9. Election Camp Trust Fund Cor	aign Fi	nancing	ré required	\$5.00 May E	3e	Flo	lake che rida Dep	ck payabl	State	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 4