


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90040 025 ****61.25

DOCUMENT # N39557

1. Entity Name
LAWNWOOD PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1518 N. LAWNWOOD CIR.
 FT PIERCE, FL 34950**

Mailing Address
**P.O. BOX 525
 FORT PIERCE, FL 34954-0525**

40094620



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04102006 Chg-NP CR2E037 (11/05)

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

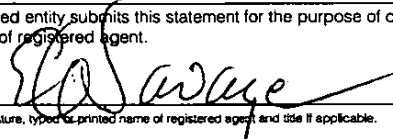
6. Name and Address of Current Registered Agent

ASH, AMY
1542 N LAWNWOOD CR
FORT PIERCE, FL 34950

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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  **5.10.06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCELHINEY, DAVE 1508 N LAWNWOOD CIRCLE FORT PIERCE, FL 34950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JUSTICE, LARRY 1512 N. LAWNWOOD CIR. FT PIERCE, FL 34950 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TREWYN, TIMOTHY P.O. BOX 525 FORT PIERCE, FL 34954 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARDSON, LYNDA P.O. BOX 525 FORT PIERCE, FL 34954 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASH, AMY P.O. BOX 525 FORT PIERCE, FL 34954 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SALEEBY, G. BURTON 1536 N. LAWNWOOD CIRCLE, UNIT 2 FORT PIERCE, FL 34954 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Erik Melville <input type="checkbox"/> Change <input type="checkbox"/> Addition 1536 N Lawnwood Circle #3 Fort Pierce, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dot Dixon <input type="checkbox"/> Change <input type="checkbox"/> Addition 1516 N. Lawnwood Cir. Ft. Pierce, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eugene G. SAVAGE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1514 N. Lawnwood Circle #34 Ft. Pierce, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Eugene G. SAVAGE** **5.10.06** **772.489.2429**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #