2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SKINATURE AND TYPED OR PRINTED NAME OF

Apr 02, 2007 8:00 am Secretary of State DOCUMENT # N39557 04-02-2007 90070 005 ****61 25 LAWNWOOD PLACE HOMEOWNERS ASSOCIATION. Principal Place of Business Mailing Address 1518 N. LAWNWOOD CIR. P.O. BOX 525 FT PIERCE, FL 34950 FORT PIERCE, FL 34954-0525 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052007 Cha-NP CR2E037 (12/06) 4. FEI Number 65-0680310 City & State Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JANE CORNETT ASH, AMY Street Address (P.O. Box Number is Not Acceptable) 1542 N LAWNWOOD CR FORT PIERCE, FL 34950 401 E ESCECLA 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 Stanature, type tered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) printed name of reals Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2007 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. 5ylvia C5Hivers 1548 Lawnwood Eircle Change D N.Delete TITLE TITLE MCELHINEY, DAVE NAME NAME STREET ADDRESS STREET ADDRESS 1508 N.I. AWNWOOD CIRCLE 4. Pierce FL. 34950 FORT PIERCE, FL 34950 CITY-ST-7IP CITY-ST-ZIP ☐ Change — ☑ Addition **VPD** Delete TITLE AMY ASH 1542 Launwood Circle TITLE MELVILLE, ERIK NAME NAME STREET ADDRESS STREET ADDRESS 1536 N LAWNWOOD CIR 3 Ft. Pierce FL 34950 FORT PIERCE, FL 34950 CITY-ST-ZIP CITY-ST-ZIP Addition Delete Change TITLE TITLE Dennis L Mallon TREWYN, TIMOTHY NAME NAME 1502 hownwood Circle STREET ADDRESS P.O. BOX 525 STREET ADDRESS Ft. Pierce FL 34950 CITY-ST-ZIP FORT PIERCE, FL 34954 CITY-ST-ZIP Change ☐ Addition ☐ Delete TIT1 F TITLE Dot Dixom DIXON, DOT NAME NAME 1516 Lawn circle STREET ADDRESS 1516 N LAWN WOOD CIR STREET ADDRESS Fort Pierce Fl.34950 FORT PIERCE, FL 34950 CITY-ST-ZIP CITY-ST-ZIP LynDa RicHardgon 1538 Lawn wood Circle Ft Pierce Kl-34950 Change Addition Addition TITI F TITLE De lete SAVAGE, EUGENE G NAME NAME STREET ADDRESS 1514 N LAWNWOOD CIR 34 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE, FL 34950 ☐ Addition Change **⊠** Delete TITLE **VPD** TITLE SALEEBY, G. BURTON NAME NAME STREET ADDRESS 1536 N. LAWNWOOD CIRCLE, UNIT 2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE, FL 34954 12. I hereby certify that the information supplied with this filling 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.

Dennis Mallon

519-0735

FILED