

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39557

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: LAWNWOOD PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1518 N. LAWNWOOD CIR.  
FT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 525  
FORT PIERCE, FL 349540525

**New Mailing Address:**

FEI Number: 65-0680310      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORNET, JANE  
401 E OSCEOLA ST  
STUART, FL 34994      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: ASH, AMY  
Address: 1542 LAWN WOOD CIR  
City-St-Zip: FORT PIERCE, FL 34950

Title: TD ( ) Delete  
Name: MALLON, DENNIS L  
Address: 1502 LAWN WOOD CIR  
City-St-Zip: FORT PIERCE, FL 34954

Title: SD ( ) Delete  
Name: DIXON, DOT  
Address: 1516 LAWN CIR  
City-St-Zip: FORT PIERCE, FL 34950

Title: PD ( ) Delete  
Name: RICHARDSON, LYNDA  
Address: 1538 LAWN WOOD CIR  
City-St-Zip: FORT PIERCE, FL 34950

Title: D ( ) Delete  
Name: MELVILLE, ERIK  
Address: 1536 C LAWNWOOD CIRLCE  
City-St-Zip: FORT PIERCE, FL 34950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: RICHARDSON, LYNDA  
Address: 1538 LAWNWOOD CIR  
City-St-Zip: FORT PIERCE, FL 34950

Title: VP (X) Change ( ) Addition  
Name: ASH, AMY L  
Address: 1542 LAWNWOOD CIR  
City-St-Zip: FORT PIERCE, FL 34954

Title: SD (X) Change ( ) Addition  
Name: DIXON, DOT  
Address: 1516 LAWNWOOD CIR  
City-St-Zip: FORT PIERCE, FL 34950

Title: T (X) Change ( ) Addition  
Name: NEIDHARDT, ROBERT  
Address: 1536D LAWNWOOD CIR  
City-St-Zip: FORT PIERCE, FL 34950

Title: D (X) Change ( ) Addition  
Name: MALLON, DENNIS  
Address: 1502 LAWNWOOD CIRLCE  
City-St-Zip: FORT PIERCE, FL 34950

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT NEIDHARDT

T

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date