2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90126 036 ****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	1518 N. LAWNWOOD CIR. FT PIERCE FL 34950

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 525 Suite, Apt. #, etc.
City & State	City & State: Ft Pierce FL.
Zip / Country	Zip: 34954-0525 Country: USA

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
HIPLE, ROBERT 1518 N. LAWNWOOD CIR. FT PIERCE FL 34950	Name: PETER BROWN Street Address (P.O. Box Number is Not Acceptable): 1546 N. LAWNWOOD CR. 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: Peter Brown 4-10-03
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

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 HIPLE, ROBERT 1518 N. LAWNWOOD CIR. FT PIERCE FL 34950	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D. BROWN, PETER 1546 N. LAWNWOOD CR FT PIERCE FL 34950	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JUSTICE, LARRY 1512 N. LAWNWOOD CIR. FT PIERCE FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DIXON, RALPH 1516 N. LAWNWOOD CIR. FT PIERCE FL 34950	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T.P. TREWYN, TIMOTHY P.O. BOX 525 FT PIERCE FL 34954	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DIXON, DOROTHY 1516 N. LAWNWOOD CIR. FT PIERCE FL 34950	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RICHARDSON, LYNDA PO BOX 525 FT PIERCE FL 34954	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASH, AMY PO BOX 525 FT PIERCE FL 34954	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED 4-10-03 772-370-1439