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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50885 (5)

1. Corporation Name

LAWRENCE LAKES ESTATES HOMEOWNER ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
33 LAWRENCE LAKE DRIVE BOYNTON BEACH FL 33436	33 LAWRENCE LAKE DRIVE BOYNTON BEACH FL 33436-2021

3. Date Incorporated or Qualified: 09/17/1992
3a. Date of Last Report: 07/29/1996

2. Principal Place of Business
21: 32 Lawrence Lake Dr
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: 32 Lawrence Lake Dr
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-3057136 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BESSEN, ADAM
900 N. FEDERAL HWY
SUITE 380
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: Mark Pistey
82 Street Address (P.O. Box Number is Not Acceptable): 24 Lawrence Lake Drive
83: Boynton Beach, Fl
84 City: FL 85 Zip Code: 33436

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Mark E Pistey SEC 4/5/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BERMAN, GREG 33 LAWRENCE LAKE DRIVE BOYNTON BEACH FL 33436	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Richard Virgil 10 Lawrence Lake Drive Boynton Beach, fl 33436 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BESSEN, ADAM 900 N. FEDERAL HWY BOCA RATON FL 33432	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VPD Josephine Gray 19 Lawrence Lake Drive Boynton Beach, fl 33436 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STEIN, DAVE 33 LAWRENCE LAKE DRIVE BOYNTON BEACH FL 33436	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Mark Pistey 24 Lawrence Lake Drive Boynton Beach, Fl 33436 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD Sal Chicco 32 Lawrence Lake Drive Boynton Beach, Fl 33436 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Gloria Rosengarten 6 Lawrence Lake Drive Boynton Beach, Fl 33436 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D David Stein 310 Evernia St West Palm Beach, Fl 33401 ☒ Change ☐ Addition

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SAL CHICCO PRESIDENT TEXAS 4/5/97 734 7824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0042390