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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50885

1. Corporation Name

LAWRENCE LAKES ESTATE HOMEOWNER ASSOCIATION, INC.

Principal Place of Business

22 LAWRENCE LAKE DR
BOYNTON BEACH FL 33436
US

Mailing Address

P.O. BOX 3695
BOYNTON BEACH FL 33436
US



2. Principal Place of Business

21 **6 LAWRENCE LAKE DR**

2a. Mailing Address

26 Suite, Apt. #, etc.

Same

3. Date Incorporated or Qualified

09/17/1992

4. FEI Number

65-3057136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

City & State

23 **Boynton Beach**

City & State

28

Zip

24 **33436**

Country

25 **US**

Zip

29

Country

30

9. Name and Address of Current Registered Agent

LEALI, RICHARD L
22 LAWRENCE LAKE DR
BOYNTON BCH FL 33436

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **LEALI, RICHARD SR**
STREET ADDRESS **22 LAWRENCE LAKE DR**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **VPD** ☒ DELETE

NAME **GIRARD, JEANNIE**
STREET ADDRESS **33 LAWRENCE LAKE DR**
CITY-ST-ZIP **BOYNTON BCH FL 33436**

TITLE **SE** ☐ DELETE

NAME **VIRGIL, CELE**
STREET ADDRESS **10 LAWRENCE LAKE DR**
CITY-ST-ZIP **BOYNTON BCH FL 33436**

TITLE **TD** ☐ DELETE

NAME **ROSENGAFTEN, MARVIN**
STREET ADDRESS **6 LAWRENCE LAKE DR**
CITY-ST-ZIP **BOYNTON BCH FL 33436**

TITLE **D** ☒ DELETE

NAME **AUSEL, JACK**
STREET ADDRESS **26 LAWRENCE LAKE DR**
CITY-ST-ZIP **BYNTON BCH FL 33436**

TITLE **D** ☒ DELETE

NAME **BERMAN, GREG**
STREET ADDRESS **350 SOUTH BEACH RD**
CITY-ST-ZIP **HOBE SOUND FL 33455**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☒ Addition

1.2 NAME **DIANE RONALDO**
1.3 STREET ADDRESS **28 LAWRENCE LAKE DR**
1.4 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

2.1 TITLE **SEC** ☐ Change ☒ Addition

2.2 NAME **NANCY SCITEN**
2.3 STREET ADDRESS **17 LAWRENCE LAKE DRIVE**
2.4 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

3.1 TITLE **V.P.** ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **SAN CHICCO**
5.3 STREET ADDRESS **32 LAWRENCE LAKE DR**
5.4 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: **Marvin Rosenberg** **3/7/99** **561-737-5089**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)