2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50885

1. Entity Name

LAWRENCE LAKES ESTATES HOMEOWNER ASSOCIATION, IN

FILED
May 22, 2000 8:00 am
Secretary of State
04-12-2000 90073 019 ****61.25

Principal Place of Business	Mailing Address
6 LAWRENCE LAKE DR. BOYNTON BEACH FL 33436 US	P.O. BOX 3695 BOYNTON BEACH FL 33424-3695 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-3057136 ☐ 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
LEALI, RICHARD L 22 LAWRENCE LAKE DR BOYNTON BCH FL 33436	Name CELE VIRGIL Street Address (P.O. Box Number is Not Acceptable) 10 LAWRENCE LAKE DR City Boynton Beach, FL FL Zip Code 33436

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.

SIGNATURE _____
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PONALDO, DIANE 22 LAWRENCE LAKE DR BOYNTON BEACH FL 33436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT D WILLIAM KOWALCHUK 18 LAWRENCE LAKE DR BOYNTON BEACH, FL 33436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCITTER, NANCY 17 LAWRENCE LAKE DR. BOYNTON BCH FL 33436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY D ARCHIE CRAY 19 LAWRENCE LAKE DR BOYNTON BEACH, FL 33436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VIRGIL, CELE 10 LAWRENCE LAKE DR BOYNTON BCH FL 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROSENGAFTEN, MARVIN D 6 LAWRENCE LAKE DR BOYNTON BCH FL 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHICCO, SAL D 32 LAWRENCE LAKE DR. BOYNTON BCH. FL 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: MARVIN ROSENGARTEN 4/5/00 561-737-5089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #