

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50885

1. Entity Name

LAWRENCE LAKES ESTATES HOMEOWNER ASSOCIATION, IN

Principal Place of Business

6 LAWRENCE LAKE DR.
BOYNTON BEACH FL 33436
US

Mailing Address

P.O. BOX 3695
BOYNTON BEACH FL 33436
US

2. Principal Place of Business

32 Lawrence Lake Dr
Suite, Apt. #, etc.

3. Mailing Address

32 Lawrence Lake Drive
Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33436

Country

USA

Zip

33436

Country

USA

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

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

7. Name and Address of New Registered Agent

Name
Sal Chicco

Street Address (P.O. Box Number is Not Acceptable)
32 Lawrence Lake Drive

City
Boynton Beach

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

TITLE PD
NAME PONTALDO, DIANE
STREET ADDRESS 22 LAWRENCE LAKE DR
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☒ Delete

TITLE S
NAME SCITTER, NANCY
STREET ADDRESS 17 LAWRENCE LAKE DR.
CITY-ST-ZIP BOYNTON BCH FL 33436 ☒ Delete

TITLE VP
NAME VIRGIL, CELE
STREET ADDRESS 10 LAWRENCE LAKE DR
CITY-ST-ZIP BOYNTON BCH FL 33436 ☒ Delete

TITLE TD
NAME ROSENGAFTEN, MARVIN
STREET ADDRESS 6 LAWRENCE LAKE DR
CITY-ST-ZIP BOYNTON BCH FL 33436 ☒ Delete

TITLE D
NAME CHICCO, SAH
STREET ADDRESS 32 LAWRENCE LAKE DR.
CITY-ST-ZIP BOYNTON BCH. FL 33436 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME ARCHIE GRAY
STREET ADDRESS 19 LAWRENCE LAKE DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE SD ☒ Change ☐ Addition
NAME WALTER SULLIVAN
STREET ADDRESS 21 LAWRENCE LAKE DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE VD ☒ Change ☐ Addition
NAME MARIE WILLIAMS
STREET ADDRESS 26 LAWRENCE LAKE DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE TD ☒ Change ☐ Addition
NAME SAL CHICCO
STREET ADDRESS 32 LAWRENCE LAKE DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90048 038 *****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)