

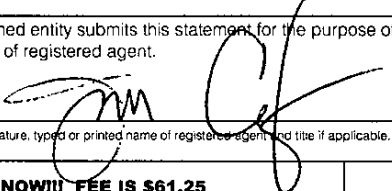
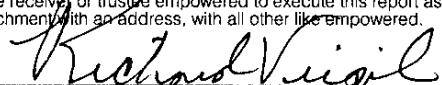


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N50885 1. Entity Name LAWRENCE LAKES ESTATES HOMEOWNER ASSOCIATION, INC.		
Principal Place of Business 6 LAWRENCE LAKE DR. BOYNTON BEACH, FL 33436 US		Mailing Address 6 LAWRENCE LAKE DR. BOYNTON BEACH, FL 33436 US
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 243815
City & State Zip Country		City & State Boynton Beach Zip Country 33424-3815 Palm Bch.
		
		REINSTATEMENT 2005
		4. FEI Number 65-3057136
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CALFEE, JIM 6 LAWRENCE LAKE DR BOYNTON BCH, FL 33436		7. Name and Address of New Registered Agent Name Jim Calfee Street Address (P.O. Box Number is Not Acceptable) 5 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE  Jim Calfee <small>Signature, typed or printed name of registered agent, and title if applicable.</small>		DATE 11/29/05
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD <input type="checkbox"/> Delete NAME VIRGIL, RICHARD STREET ADDRESS 10 LAWRENCE LAKE DR CITY-ST-ZIP BOYNTON BEACH, FL 33436	TITLE Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME VIRGIL, RICHARD STREET ADDRESS 10 Lawrence Lake Drive CITY-ST-ZIP Boynton Beach, FL 33436	
TITLE VD <input checked="" type="checkbox"/> Delete NAME DE ARRASTIA, DAWN STREET ADDRESS 5 LAWRENCE LAKE DRIVE CITY-ST-ZIP BOYNTON BCH, FL 33436	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 100062044491 CITY-ST-ZIP 12/09/05--01045--011 **\$61.25	
TITLE SD <input checked="" type="checkbox"/> Delete NAME ANTICOLI, JOHN STREET ADDRESS 14 LAWRENCE LAKE DR CITY-ST-ZIP BOYNTON BEACH, FL 33436	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Dir. Calfee, James STREET ADDRESS 5 Lawrence Lake Drive CITY-ST-ZIP Boynton Beach, FL 33436	
TITLE TD <input type="checkbox"/> Delete NAME CALFEE, JAMES STREET ADDRESS 6 LAWRENCE LAKE DR CITY-ST-ZIP BOYNTON BCH, FL 33436	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Pres. Jeff Livengood STREET ADDRESS 25 Lawrence Lake Drive CITY-ST-ZIP Boynton Bch., FL 33436	
TITLE D <input checked="" type="checkbox"/> Delete NAME BRESSNER, DIANE STREET ADDRESS 28 LAWRENCE LAKE DR CITY-ST-ZIP BOYNTON BEACH, FL 33436	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Sec. Joe Cagno STREET ADDRESS 29 Lawrence Lake Drive CITY-ST-ZIP Boynton Beach, FL 33436	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		
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: 		Date 11-29-05 Daytime Phone # 561-682-6759
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>

CK# 1765

FILED

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SEC. OF STATE
TALLAHASSEE, FL

AAZ

REINSTATEMENT 2005

Jim Calfee

Jim Calfee

11/29/05

Richard Virgil

11-29-05 561-682-6759