2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# N50885

Entity Name: LAWRENCE LAKES ESTATES HOMEOWNER ASSOCIATION, INC.

Current Principal Place of Business:

5 LAWRENCE LAKE DR.
BOYNTON BEACH, FL 33436 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 243815
BOYNTON BEACH, FL 334243815

New Mailing Address:

FEI Number: 65-3057136 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CALFEE, JIM
5 LAWRENCE LAKE DR
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	VIRGIL, RICHARD	
Address:	10 LAWRENCE LAKE DR.	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	T	( ) Delete
Name:	CALFEE, JAMES	
Address:	5 LAWRENCE LAKE DR	
City-St-Zip:	BOYNTON BCH, FL 33436	
Title:	S	( ) Delete
Name:	SPOTO, JAY	
Address:	23 LAWRENCE LAKE DR	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	D	( ) Delete
Name:	BUKY, STAN	
Address:	21 LAWRENCE LAKE DRIVE	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	PDT	( ) Delete
Name:	LIVERGOOD, JEFFREY	
Address:	25 LAWRENCE LAKE DR	
City-St-Zip:	BOYNTON BEACH, FL 33436	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PDT	(X) Change ( ) Addition
Name:	MILANESE, TERESA	
Address:	15 LAWRENCE LAKE DR	
City-St-Zip:	BOYNTON BEACH, FL 33436	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES CALFEE T 05/02/2009

Electronic Signature of Signing Officer or Director — Date