

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90138 001 ****61.25

DOCUMENT # N50885

1. Entity Name

LAWRENCE LAKES ESTATES HOMEOWNER ASSOCIATION, INC.



Principal Place of Business

**32 LAWRENCE LAKE DR.
BOYNTON BEACH FL 33436
US**

Mailing Address

**32 LAWRENCE LAKE DR.
BOYNTON BEACH FL 33436
US**

2. Principal Place of Business

6 LAWRENCE LK. DR.

3. Mailing Address

6 LAWRENCE LAKE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

City & State

BOYNTON BEACH FL

Zip

33436

Country

US

Zip

33436

Country

US

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

**CHICCO, SAL
32 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)

6 LAWRENCE LAKE DR.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-23-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PISTAY, MARK 24 LAWRENCE LAKE DRIVE BOYNTON BEACH FL 33436	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIVERGOOD, LORI 25 LAWRENCE LAKE DRIVE BOYNTON BCH FL 33436	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPEAR, BOB 22 LAWRENCE LAKE DRIVE BOYNTON BCH FL 33436	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHICCO, SAL 32 LAWRENCE LAKE DR BOYNTON BCH FL 33436	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLIN, MACK 23 LAWRENCE LAKE DRIVE BOYNTON BCH. FL 33436	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LORI LIVERGOOD 25 LAWRENCE LAKE DRIVE BOYNTON BEACH, FL 33436	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARIE BELVILLE-HOLLIN 23 LAWRENCE LAKE DRIVE BOYNTON BEACH, FL 33436	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAMES MORRIS 17 LAWRENCE LAKE DRIVE BOYNTON BEACH, FL 33436	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JIM CALFEE 6 LAWRENCE LAKE DR. BOYNTON BEACH, FL 33436	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAL CHICCO 32 LAWRENCE LAKE DR. BOYNTON BEACH, FL 33436	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-23-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR