

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90392 049 \*\*\*\*61.25



**DOCUMENT # N93000001583**

1. Entity Name  
**LAWN ACRES CIVIC ASSOCIATION, INC.**

Principal Place of Business  
**400 SOUTH 57TH TERRACE  
 HOLLYWOOD, FL 33023**

Mailing Address  
**400 SOUTH 57TH TERRACE  
 HOLLYWOOD, FL 33023**

**40057376**



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

04182006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**NOT APPLICABLE** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DINKEL, OREN D**  
**400 SOUTH 57TH TERRACE**  
**HOLLYWOOD, FL 33023**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>DINKEL, OREN D</b>
STREET ADDRESS	<b>400 SOUTH 57TH TERRACE</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33023</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>PAPPAS, JOSEPH</b>
STREET ADDRESS	<b>519 58TH TERRACE</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33023</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>RYGIEL, MARY</b>
STREET ADDRESS	<b>415 S 56 TERRACE</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33023</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RYGIEL, MARY</b>
STREET ADDRESS	<b>408 50 57 AVE</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33023</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Mary F. Rygiel / Treasurer **4/17/06** **954 987-0706**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #