2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 8:00 am Secretary of State

DOCUMENT # N9300001583 1. Entity Name LAWN ACRES CIVIC ASSOCIATION, INC.					4.04)7 90211 006 ****	⁶ 61.25	
Principal Place 400 SOUTH 5 HOLLYWOOD,	57TH TERRACE	Mailing Address 400 SOUTH 57TH TERRACE HOLLYWOOD, FL 33023			400	180017			
0	ace of Business - No P.O. Box #	3. Mailing Address	57 AV	٤			IIII 1014 1016 HEBA 070 ISTO		
307 Suite, Apt.	30 57 AVE #, etc.	Suite, Apt. #, etc.	LY AV		04252007	Chg-NP	CR2E037 (12/06)		
City & State		City & State HOLLY WOO	20 F	,_	4. FEI Number NOT API	, PLICABLE	├	pplied For ot Applicable	
Zip 3302	Country L3 L3.5.A		Country		5. Certificate of	of Status Desired	\$8.75 Ad	ditional	
	6. Name and Address of Current I				7. Name and	Address of New	Registered Agent		
DINKEL, OREN D				Name W. KEITH SUTTON					
400 SOUTH 57TH TERRACE HOLLYWOOD, FL 33023			Street A	Street Address (P.O. Box Number is Not Acceptable)					
	No.						17:0		
				110ccy 2000 FL 33023					
8. The above the obligati	named entity subpass this statement for	the purpose of changing its regi	stered office or	register	ed agent, or both	n, in the State of F	Rorida. I am familiar with	, and accept	
SIGNATURE -	Signature, typed or printed same of registered agent a	and title if apolicable. (NOTE: Reg	istered Agent signati	ure required	when reintlebook		DATE		
٠					monionality)	/	/		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campai Trust Fund Contr	gn Financing		\$5.00 May Be Added to Fees	Flo	Make check payable orida Department of S		
10.	Due by May 1, 2007 OFFICERS AND DIF	9. Election Campai Trust Fund Contr	gn Financing ribution.		\$5.00 May Be Added to Fees	Flo	erida Department of S	N 10	
^-	Due by May 1, 2007	9. Election Campai Trust Fund Contr	gn Financing ribution.	P W	\$5.00 May Be Added to Fees ADDITIONS/CHA	NGES TO OFFIC	ERS AND DIRECTORS I	State	
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12. Thereby certify that the information supplied with this filing does not quality for the exemptions containing to the 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 THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/24/07 954 987-0706

Date Dayline Proce 9