

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000003882 (7)

1. Corporation Name
LAWRENCE OAKS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: **2240 WOOLBRIGHT RD BOYNTON BEACH FL 33426**
 Mailing Address: **2240 WOOLBRIGHT RD BOYNTON BEACH FL 33426**

3. Date Incorporated or Qualified: **08/05/1994**
 3a. Date of Last Report: **04/28/1995**
 4. FEI Number: **APPLIED FOR 65-0661577**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 1451 S. MIAMI AVENUE**
 2a. Mailing Address: **26 C/O LOWELL HOMES**
 Suite, Apt. #, etc.: **22**
 City & State: **23 MIAMI, FLORIDA**
 Zip: **24 33130** Country: **25 USA**
 Suite, Apt. #, etc.: **27 1451 S. MIAMI AVENUE**
 City & State: **28 MIAMI, FLORIDA**
 Zip: **29 33130** Country: **30 USA**

9. Name and Address of Current Registered Agent
GELLER, HARVEY
2240 WOOLBRIGHT RD
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent
 81 Name: **ALAN HEARNE**
 82 Street Address (P.O. Box Number is Not Acceptable): **C/O LOWELL HOMES**
 83: **1451 S. MIAMI AVENUE**
 84 City: **MIAMI** 85 Zip Code: **FL 33130**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **ALAN HEARNE, PRESIDENT** 8/7/96
(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GELLER, HARVEY	
STREET ADDRESS	2240 WOOLBRIGHT RD	
CITY - ST - ZIP	BOYNTON BEACH FL 33426	
TITLE	DVST	<input checked="" type="checkbox"/> DELETE
NAME	CSAPO, JOHN C	
STREET ADDRESS	2240 WOOLBRIGHT RD	
CITY - ST - ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERRICK, ANNETTE	
STREET ADDRESS	2240 WOOLBRIGHT RD	
CITY - ST - ZIP	BOYNTON BEACH FL 33426	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	ALAN HEARNE	
13 STREET ADDRESS	1451 S. MIAMI AVENUE	
14 CITY - ST - ZIP	MIAMI, FLORIDA 33130	
21 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	MIKE SMITH	
23 STREET ADDRESS	1451 S. MIAMI AVENUE	
24 CITY - ST - ZIP	MIAMI, FLORIDA 33130	
31 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	SHARON GINE	
33 STREET ADDRESS	1451 S. MIAMI AVENUE	
34 CITY - ST - ZIP	MIAMI, FLORIDA 33130	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	LAWRENCE KAHN	
43 STREET ADDRESS	1451 S. MIAMI AVENUE	
44 CITY - ST - ZIP	MIAMI, FLORIDA 33130	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 8-1-96 305-577-8550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)