## **FILE NOW: FILING FEE IS \$61.25**

Mailing Address

P.O. BOX 6848

NONPROFIT CORPORATION ANNUAL REPORT

1997

C/O PROPERY MANAGEMENT RESOURCES

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 05 1997 8:00am

Secretary of State

JAN. 20,199>

Daytime Phone # 0043977

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400003882 (7)

LAWRENCE OAKS HOMEOWNERS' ASSOCIATION, INC.

4000 S. 571H AV LAKE WORTH FI		US								
US	L 33903	03			3. Date Incorporated or Qualified 08/05/1994 3a. Date of Last Report 06/07/1996					
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		A	pplied For		
21		26	26			65-0661577	,	···	ot Applicable	
Suite, Apt #	∜, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>+</b>	Additional		
22		27			Di Collinatio di Citato Dos. Ca		Fee R	equired		
City & State	3	City & State			6. Election Campaign Financing	_		May Be		
23	Constru	28				Trust Fund Contribution	<u> </u>		to Fees	
Zip	Country	Zip	Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24	25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
	3. Hamo and redipose of Carron	A Trogleteto Agoin		81	Name	10. 114110 title montes of 11511 1143		-gon.		
JERRY FLATOW, C/O PROP.MGMT.										
4000 S. 57TH AVENUE, STE. 101				82	Street Add	dress (P.O. Box Number is Not Acceptable	9)			
LAKE WORTH FL 33463			l	83						
LANE WORTH PL 33403										
				84	City		FL	<b>85</b> Zip	Code	
11. Pursuant t	o the provisions of Sections 617.050	2 and 617,1508, Florida Statutes	the at	bove	-named co	rooration submits this statement for the pu	rpose of	changing i	ts registered	
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. Fam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
Ü			ua Stat	lutes	i.					
SIGNATURE _	Signature, typind or printed name of registered age	ent and title if applicable (NOTE: I	Registered	d Ager	nt signature reci	uired when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	RS IN 12	
TITLE	PSD	DELETE	1.1 TITLE					Change	Addition	
NAME	HEARNE, ALLEN		1.2 NAME							
STREET ADDRESS	1451 S. MIAMI AVENUE		1.3 ST	TAEET	ADDRESS					
CITY-ST-ZIP	MIAMI FL		1.4 CI	ITY-S1	T-ZIP					
TITLE	VD	DELETE	2.1 TITLE					Change	Addition	
NAME	SMITH, MICHAEL		2.2 NAME							
STREET ADDRESS	1451 S. MIAMI AVENUE		2.3 S1	TREET	ADORESS					
CITY-ST-ZIP	MIAMI FL		2.40	CITY-S	T-ZIP					
TITLE	TD	☐ DELETE	3.1 TI	ITLE				☐ Change	Addition	
NAME	GINE, SHARRON									
STREET ADDRESS	1451 S. MIAMI AVENUE		3.3 \$1	TREET.	ADDRESS					
CITY - S1 - ZiP	MIAMI FL		3.4. C	CITY-S	T-ZIP					
TITLE		☐ DELETE 4.1		4.1 TITLE		•		Change	Addition	
NAME			4.2 N	IAME	i					
STREET ADDRESS			4 3 S1	TAEET	address					
CHY-SI-7IP			4.4 C	ITY-S	T-ZIP			<b>—</b>		
TITLE		☐ DELETE	5.1 Ti					Change	Addition	
NAME			5.2 N/	AME						
STREET ADDRESS			5.3 ST	TREET.	ADDRESS					
CITY-ST-ZIP			-	ITY-S	T-ZIP					
TITLE		DELETE	6.1 TI	ITLE				☐ Change	☐ Addition	
NAME			6.2 N/	AME						
STREET ADORESS			6.3 S1	TREET	ADDRESS					
CITY-ST-ZIP			-	ITY-\$			<del></del>			
						ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legal				
I am an of		r the receiver or trustee empower	red to e			ort as required by Chapter 617, Florida St				
appears	I DIOCK 12 OF DIOCK TO IT CHANGED, O	TOH all attachment with an accord	000.							