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**Apr 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address

**C/O PROPERTY MANAGEMENT RESOURCES
4000 S. 57TH AVE., STE. 101
LAKE WORTH FL 33463
US**

**P.O. BOX 6848
LAKEWORTH FL 33468
US**

3. Date Incorporated or Qualified
08/05/1994

4. FEI Number
65-0661577

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**JERRY FLATOW, C/O PROP.MGMT.
4000 S. 57TH AVENUE, STE. 101
LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent

81 Name **Louis Caplan 70 St. Johns Dickers Coplan**

82 Street Address (P.O. Box Number is Not Acceptable)
500 Australian Ave. South.

83 **West Palm Beach FL 33401**

84 City **FL** 85 Zip Code **33406**

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 *Louis Caplan* DATE **3/27/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	HEARNE, ALLEN	
STREET ADDRESS	1451 S. MIAMI AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, MICHAEL	
STREET ADDRESS	1451 S. MIAMI AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GINE, SHARRON	
STREET ADDRESS	1451 S. MIAMI AVENUE	
CITY-ST-ZIP	MIAMI FL	
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		

1.1 TITLE	PSD SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sullivan, Debra	
1.3 STREET ADDRESS	7888 Manor Forest Lane	
1.4 CITY-ST-ZIP	Boynton Beach, FL 33462	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Simon, Linda	
2.3 STREET ADDRESS	7913 Manor Forest Blvd.	
2.4 CITY-ST-ZIP	Boynton Beach, FL 33462	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hugen, Howard	
3.3 STREET ADDRESS	7813 Manor Forest Lane	
3.4 CITY-ST-ZIP	Boynton Beach, FL 33462	
4.1 TITLE	SD D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Serpe, Lucille	
4.3 STREET ADDRESS	4174 Manor Forest Trail	
4.4 CITY-ST-ZIP	Boynton Beach, FL 33462	
5.1 TITLE	PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ortiz, Lorenzo	
5.3 STREET ADDRESS	7801 Manor Forest Lane	
5.4 CITY-ST-ZIP	Boynton Beach, FL 33462	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 *Louis Caplan* DATE **Dec 01 25**

CF2E037 (10/97)