


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90277 023 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTM <b>Sandra B. H</b> Secretary c DIVISION OF COF
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**DOCUMENT # N94000003882 (7)**  
 1. Corporation Name

**LAWRENCE OAKS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

US

*C/O Greenlite Prop Mgmt*  
*141 NW 20 St*  
*BOCA RATON FL 33431*

3. Date Incorporated or Qualified

**08/05/1994**

4. FEI Number

**65-0661577**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered

**JERRY FLATOW**  
**4000 S. 57TH AVENUE, STE. 101**  
**LAKE WORTH FL 33463**

81

**NORMAN Silverstein**

82

Street Address (P.O. Box Number is Not Acceptable)

83

*C/O Greenlite Prop Mgmt*

84

*141 NW 20 St*

*BOCA RATON 33431 FL*

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 office of 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 agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Norman Silverstein*

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/29/99*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND

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	PD	X
1.2 NAME	JOAN LUCAS	
1.3 STREET ADDRESS	4053 MANOR FOREST TRAIL	
1.4 CITY-ST-ZIP	Boynton Beach, FL 33462	
2.1 TITLE	PD	X
2.2 NAME	IRON SMITH	
2.3 STREET ADDRESS	4108 MANOR FOREST TRAIL	
2.4 CITY-ST-ZIP	Boynton Beach, FL 33462	
3.1 TITLE	VD	X
3.2 NAME	Peter De Stefano	
3.3 STREET ADDRESS	7806 MANOR FOREST LANE	
3.4 CITY-ST-ZIP	Boynton Beach, FL 33462	
4.1 TITLE	Director	X
4.2 NAME	LARRY DUFFY	
4.3 STREET ADDRESS	7834 MANOR FOREST BLVD	
4.4 CITY-ST-ZIP	Boynton Beach, FL 33462	
5.1 TITLE	VD	X
5.2 NAME	ROALIE De Stefano	
5.3 STREET ADDRESS	7806 MANOR FOREST LANE	
5.4 CITY-ST-ZIP	Boynton Beach, FL 33462	
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	Boynton Beach, FL 33462	

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 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 by 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 Block 12 or Block 13 if changed, on an attachment with an address.

*10*