

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

0032985

DOCUMENT # N94000003882

1. Entity Name

LAWRENCE OAKS HOMEOWNERS' ASSOCIATION, INC.

02-19-2002 90074 023 ****61.25

Principal Place of Business

Mailing Address

C/O JEAN FOSTER MANAGEMENT
 1650 N MILITARY TRAIL STE 102
 WEST PALM BEACH FL 33409
 US

C/O JEAN FOSTER MANAGEMENT
 1650 N MILITARY TRAIL STE 102
 WEST PALM BEACH FL 33409
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0661577

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, JEAN
C/O JEAN FOSTER MANAGEMENT INC.
1650 N MILITARY TRAIL STE 102
WEST PALM BEACH FL 33409

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LUCAS, JOAN	
STREET ADDRESS	4053 MANOR FOREST TRAIL	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FARLEY, MARK	
STREET ADDRESS	7851 MANOR FOREST TRAIL	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE	T	<input type="checkbox"/> Delete
NAME	RICHTER, DEBBIE	
STREET ADDRESS	4065 MANOR FOSTER TRAIL	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE	S	<input type="checkbox"/> Delete
NAME	GEE, JOAN	
STREET ADDRESS	7756 MANOR FOSTER TRAIL	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pauline Demarest	
STREET ADDRESS	4318 Manor Forest Way	
CITY-ST-ZIP	Boynton Beach, FL 33462	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARLEY, MARK	
STREET ADDRESS	7851 Manor Forest Trail	
CITY-ST-ZIP	Boynton Beach, FL 33462	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shawn P. McLaughlin	
STREET ADDRESS	7922 Manor Forest Blvd.	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02

Date

Daytime Phone #

CFR2E037 (9/01)