

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90538 010 \*\*\*\*61.25

DOCUMENT # N94000003882

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



Principal Place of Business  
 C/O GRS MANAGEMENT ASSOCIATES INC  
 3900 WOODLAKE BLVD SUITE 309  
 LAKE WORTH, FL 33463 US

Mailing Address  
 C/O GRS MANAGEMENT ASSOCIATES INC  
 3900 WOODLAKE BLVD SUITE 309  
 LAKE WORTH, FL 33463 US

50046441



2. Principal Place of Business

3. Mailing Address

01052005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
 65-0661577

Applied For  
 Not Applicable

City & State

City & State

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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FOSTER, JEAN  
 C/O JEAN FOSTER MANAGEMENT INC  
 1660 N MILITARY TRAIL STE 102  
 WEST PALM BEACH, FL 33409~~

Name St. John, Core + Lemme, P.A.  
 Street Address (P.O. Box Number is Not Acceptable)  
1601 Forum Place  
Suite 701  
 City West Palm Beach FL Zip Code 33401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David St. John, DAVID ST. JOHN, President, 4/29/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD  Delete  
 NAME DEMAREST, PAULINE  
 STREET ADDRESS 4318 MANOR FOREST WAY  
 CITY-ST-ZIP BOYNTON BEACH, FL 33462

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD  Delete  
 NAME DUFFY, LARRY  
 STREET ADDRESS 7834 MANOR FOREST BLVD  
 CITY-ST-ZIP BOYNTON BEACH, FL 33462

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE P  Delete  
 NAME RICHTER, DEBBIE  
 STREET ADDRESS 4065 MANOR FOSTER TRAIL  
 CITY-ST-ZIP BOYNTON BEACH, FL 33462

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD  Delete  
 NAME GOODMAN, DENISE  
 STREET ADDRESS 7903 MANOR FOREST BLVD  
 CITY-ST-ZIP BOYNTON BEACH, FL 33462

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME BUCKLEY, MICHAEL  
 STREET ADDRESS 7869 MANOR FOREST LANE  
 CITY-ST-ZIP BOYNTON BEACH, FL 33462

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME Ron San  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME Ron San  
 STREET ADDRESS 4108 Manor Forest Trail  
 CITY-ST-ZIP Boynton Beach, FL 33436

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence DeLoe Pres. 4/27/05 6497

Date

Daytime Phone #