


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90067 022 \*\*\*\*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**


2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

4100



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0661577**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ST JOHN, CORET + LEMNE, P.A.**  
**1601 FORUM PLACE**  
**SUITE 701**  
**WEST PALM BEACH, FL 33401**

**7. Name and Address of New Registered Agent**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

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**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEMAREST, PAULINE	
STREET ADDRESS	4318 MANOR FOREST WAY	
CITY-ST-ZIP	BOYNTON BEACH, FL 33462	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAMJEET, OSCAR	
STREET ADDRESS	4102 MANOR FOREST TRL.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SIU, GLORIA	
STREET ADDRESS	7765 MANOR FOREST TRL	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SNITIL, RON	
STREET ADDRESS	4108 MANOR FOREST TRAIL	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALDMANN, LOU	
STREET ADDRESS	7760 MANOR FOREST TRL	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAHAM, JIM	
STREET ADDRESS	7764 MANOR FOREST LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDMANN, LOU	
STREET ADDRESS	7760 MANOR FOREST LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY PARKER	
STREET ADDRESS	7837 MANOR FOREST LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ronald J. Snitil RONALD J. SNITIL Date: 5-1-07 Daytime Phone #: 561-358-6776