

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N94000003882

Entity Name: LAWRENCE OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0661577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAY STEVINE LEVINE, PA.
2500 N. MILITARY TRAIL STE 283
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PARKER, GARY
Address: 7837 HANOR FOREST LN.
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VD () Delete
Name: RAMJEET, OSCAR
Address: 4102 MANOR FOREST TRL.
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD () Delete
Name: GRAHAM, JIM
Address: 7764 MANOR FOREST LN.
City-St-Zip: BOYNTON BEACH, FL 33436

Title: PD () Delete
Name: SNITIL, RON
Address: 4108 MANOR FOREST TRAIL
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TD () Delete
Name: WALDMANN, LOU
Address: 7760 MANOR FOREST TRL
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON SNITIL

PD

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date