

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003882

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**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 STEVEN LEVINE, PA  
2500 N. MILITARY TRAIL STE 283  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

WARD DAMON AND POSNER PA  
4420 BEACON CIRCLE  
WEST PALM BEACH, FL 33407 US

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: MICHAEL POSNER

03/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DUFFY, LARRY  
Address: 3900 WOODLAKE BLVD SUITE 309  
City-St-Zip: LAKE WORTH, FL 33463

Title: D  
Name: COLON, SANDRA  
Address: 3900 WOODLAKE BLVD SUITE 309  
City-St-Zip: LAKE WORTH, FL 33463

Title: SD  
Name: DESTAFANO, ROSALEE  
Address: 3900 WOODLAKE BLVD SUITE 309  
City-St-Zip: LAKE WORTH, FL 33463

Title: TD  
Name: SCHULMAN, RICHARD  
Address: 3900 WOODLAKE BLVD SUITE 309  
City-St-Zip: LAKE WORTH, FL 33463

Title: D  
Name: LANDOWSKY, DEBBIE  
Address: 3900 WOODLAKE BLVD SUITE 309  
City-St-Zip: LAKE WORTH, FL 33463

I hereby 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 all other like empowered.

SIGNATURE: ROSALIE DESTEPHANO

SD

03/28/2012

Electronic Signature of Signing Officer or Director

Date