

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003882

Entity Name: LAWRENCE OAKS HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 24, 2014
Secretary of State
CC7904432721

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 65-0661577

Certificate of Status Desired: No

Name and Address of Current 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title D, VP
Name LANDOSKEY, DEBBIE
Address 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR, VP
Name KAGILIERY, ALEXIS LE
Address C/O GRS MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33436

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: LARRY DUFFY

PRESIDENT

03/24/2014

Electronic Signature of Signing Officer/Director Detail

Date