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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:27

DOCUMENT # **N29761** **(6)**

1. Corporation Name
LAWRENCE GROVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4000 SO. 57 AVE #202 LAKE WORTH FL 33463-4307	4000 SO. 57 AVE #202 LAKE WORTH FL 33463-4307

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/16/1988**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0099349** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc. 22 Suite 101	Suite, Apt. #, etc. 27 Suite 101
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HOVNANIAN (K.) AT LAWRENCE GROVE, INC.
1800 SOUTH AUSTRALIAN AVENUE
SUITE 400
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	HINTZ, RALPH	12 NAME		
STREET ADDRESS	949 WHIPPOORWILL BLVD	13 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	CALLIS, RANDY	22 NAME	Steve Bovio	
STREET ADDRESS	222 E FOXTAIL DR.	23 STREET ADDRESS	1800 S Australian Ave #400	
CITY-ST-ZIP	W. PALM BEACH FL	24 CITY-ST-ZIP	W Palm Beach FL 33409	
TITLE	DST	31 TITLE		☐ Change ☐ Addition
NAME	FLATOW, JERRY	32 NAME		
STREET ADDRESS	1003 GREEN PINE BLVD.	33 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	LURY, STEVE	42 NAME	Joe Yurkin	
STREET ADDRESS	1056 FAIRFAX CIRCLE W	43 STREET ADDRESS	1081 Fairfax Circle West	
CITY-ST-ZIP	BOYNTON BEACH FL	44 CITY-ST-ZIP	Lantana FL 33462	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	OWENS, HELEN	52 NAME	Cheryl Martin	
STREET ADDRESS	1241 SUSSEX ST	53 STREET ADDRESS	1037 Fairfax Circle West	
CITY-ST-ZIP	LANTANA FL	54 CITY-ST-ZIP	Lantana FL 33462	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ralph R Hintz 3/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #