FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

LAWRENCE GROVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4000 SO. 57 AVE #202 SUITE 101 LAKE WORTH FL 33463-4307 US	4000 SO. 57 AVE #202 SUITE 101 LAKE WORTH FL 33463-4307 US

3. Date Incorporated or Qualified: 12/16/1988	3a. Date of Last Report: 03/28/1995
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
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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 FILED 03/25/96 01079-002 $61.25

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	HINTZ, RALPH		1.2 NAME	WARREN JENSEN	
STREET ADDRESS	949 WHIPPOORWILL BLVD		1.3 STREET ADDRESS	1310 Auburn Ct.	
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY-ST-ZIP	Boynton Beach, FL 33462	
TITLE	VD	☑ DELETE	2.1 TITLE	VPD	☑ Change ☐ Addition
NAME	STEVE BOVIO		2.2 NAME	Art Blunck	
STREET ADDRESS	1800 S AUSTRALIAN AVE 400		2.3 STREET ADDRESS	1079 Fairfax Circle	
CITY-ST-ZIP	W PALM BEACH FL		2.4 CITY-ST-ZIP	Boynton Beach, FL 33462	
TITLE	DST	☑ DELETE	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	FLATOW, JERRY		3.2 NAME	John Platt	
STREET ADDRESS	1003 GREEN PINE BLVD.		3.3 STREET ADDRESS	1089 Fairfax Circle West	
CITY-ST-ZIP	W. PALM BEACH FL		3.4 CITY-ST-ZIP	Boynton Beach, FL 33462	
TITLE	D	☑ DELETE	4.1 TITLE	SD Lynda Goodnight (Secretary)	☑ Change ☐ Addition
NAME	JOE YURKIN		4.2 NAME		
STREET ADDRESS	1081 FAIRFAX CIRCLE WEST		4.3 STREET ADDRESS	1087 Fairfax Circle West	
CITY-ST-ZIP	LANTANA FL		4.4 CITY-ST-ZIP	Boynton Beach, FL 33462	
TITLE	D	☑ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	CHERRY MARTIN		5.2 NAME	Lisa Turner	
STREET ADDRESS	1037 FAIRFAX CIRCLE WEST		5.3 STREET ADDRESS	1358 Fairfax Circle E.	
CITY-ST-ZIP	LANTANA FL		5.4 CITY-ST-ZIP	Lantana, FL 33462-1412	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: _____ Date 2/12/96 Daytime Phone # 407-357-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR