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FILED

Mar 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
US4000 SO. 57 AVE #202
SUITE 101
LAKE WORTH FL 33463-4307
US3. Date Incorporated or Qualified
12/16/19883a. Date of Last Report
03/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
65-0099349Applied For
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

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

Warren Jensen

82 Street Address (P.O. Box Number is Not Acceptable)

1370 Auburn Ct.

83

Boynton Beach, FL 33462

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

X *Warren S. Jensen* Pres.

WARREN S. JENSEN

3/3/97

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

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JENSEN, WARREN
STREET ADDRESS 1370 AUBURN CT
CITY - ST - ZIP BOYNTON BEACH FL 33462TITLE VPD
NAME BLUNCK, PAT
STREET ADDRESS 1076 FAIRFAX CIRCLE
CITY - ST - ZIP BOYNTON BEACH FL 33462TITLE TD
NAME PETTI, JOHN
STREET ADDRESS 1089 FAIRFAX CIRCLE WEST
CITY - ST - ZIP BOYNTON BEACH FL 33462TITLE SD
NAME GOODMUTH, LYNDA
STREET ADDRESS 1087 FAIRFAX CIRCLE WEST
CITY - ST - ZIP BOYNTON BEACH FL 33462TITLE D
NAME TURNER, LISA
STREET ADDRESS 1358 FAIRFAX CIRCLE WEST
CITY - ST - ZIP LANTANA FL 33462-7412TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Jensen, Warren
1.3 STREET ADDRESS 1370 Auburn Ct.
1.4 CITY - ST - ZIP Boynton Beach, FL 334622.1 TITLE VPD
2.2 NAME Carol Weiner
2.3 STREET ADDRESS 1081 Fairfax Circle West
2.4 CITY - ST - ZIP Lantana, FL 334623.1 TITLE TD
3.2 NAME Blunck, Pat
3.3 STREET ADDRESS 1076 Fairfax Circle West
3.4 CITY - ST - ZIP Boynton Beach, FL 334624.1 TITLE SD
4.2 NAME Karen Hacker
4.3 STREET ADDRESS 1077 Fairfax Circle West
4.4 CITY - ST - ZIP Boynton Beach, FL 334625.1 TITLE D
5.2 NAME Turner, Lisa
5.3 STREET ADDRESS 1358 Fairfax Circle West
5.4 CITY - ST - ZIP Lantana FL 33462-74126.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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: X *Warren S. Jensen* WARREN S. JENSEN 3/3/97 561-357-9666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: 0043876

CR2E037 (9/96)