FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90279 038 ****61.25

DOCUMENT # N29761 ok

1. Corporation Name
LAWRENCE GROVE HOMEOWNER ASSOC.

Principal Place of Business / Mailing Address
c/o SHACREST SERVICES INC.
3700 GEORGIA AVE.
WEST PALM BEACH, FL. 33405

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 SAME AS ABOVE	26 SAME AS ABOVE	3/14/1989
Suite, Apt. #, etc. 22 "	Suite, Apt. #, etc. 27 "	4. FEI Number 65-0099349 ☐ Applied For ☐ Not Applicable
City & State 23 "	City & State 28 "	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 " Country 25 USA	Zip 29 " Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name SHACREST SERVICES, INC.
	82 Street Address (P.O. Box Number is Not Acceptable) 3700 GEORGIA AVE
	83 ~~FL~~
	84 City WEST PALM BEACH FL 85 Zip Code 33405

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 [signature] (TP) 2/24/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES. ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STEVE KOLLAN	1.2 NAME	
STREET ADDRESS	1388 AUBURN CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA, FL. 33462	1.4 CITY-ST-ZIP	
TITLE D	V.P. ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PAT DIANGELO	2.2 NAME	
STREET ADDRESS	1309 FAIRFAX CIR. E	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA, FL. 33462	2.4 CITY-ST-ZIP	
TITLE D	SEC. ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MAUREEN NOE	3.2 NAME	
STREET ADDRESS	1078 FAIRFAX CIR. W	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA, FL. 33462	3.4 CITY-ST-ZIP	
TITLE D	TREAS. ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DEAN PASQUA	4.2 NAME	
STREET ADDRESS	1305 FAIRFAX CIR. E	4.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA, FL. 33462	4.4 CITY-ST-ZIP	
TITLE D	DIRECTOR ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BERNARD YOUNG	5.2 NAME	
STREET ADDRESS	1033 FAIRFAX CIRCLE EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA, FL. 33462	5.4 CITY-ST-ZIP	
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	

14. I 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, with all other like empowered.

SIGNATURE: Maureen Noe 3/1/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)