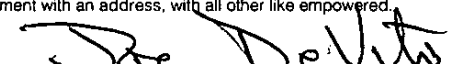


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90308 033 ****61.25

DOCUMENT # N29761 1. Entity Name LAWRENCE GROVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PROPERTY MANAGEMENT RESOURCES SE 101 4000 S 57TH AVE LAKE WORTH, FL 33463 US			Mailing Address PROPERTY MANAGEMENT RESOURCES SE 101 4000 S 57TH AVE LAKE WORTH, FL 33463 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02152005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-0099349	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JERRY FLATOW CO PROPERTY MGMT RESOURCES 4000 S 57TH AVE SE 101 LAKE WORTH, FL 33463				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PETERFREUND, LISA		NAME		
STREET ADDRESS	1338 FAIRFAX CIR EAST		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HINKLE, TINA		NAME		
STREET ADDRESS	1353 FAIRFAX CIR WEST		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CHAMBERLAND, JIM		NAME		
STREET ADDRESS	1305 FAIRFAX CIRCLE EAST		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP		
TITLE	V PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DEVITO, JOSEPH		NAME		
STREET ADDRESS	1372 AUBURN CT		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP		
TITLE	PD	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	SIMON, MAXWELL		NAME	D ILia Linday	
STREET ADDRESS	1350 FAIRFAE CIRCLE EAST		STREET ADDRESS	1220 Sussex st	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	Boynton Bch FL 3346	
TITLE	D	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME	ALTOMARE, JON		NAME	D Pat D'Amico	
STREET ADDRESS	1334 FAIRFAX AR EAST		STREET ADDRESS	1309 Fairfax Cir East	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	Boynton Beach FL 33436	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 3-1-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					