## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29761

Entity Name: LAWRENCE GROVE HOMEOWNERS ASSOCIATION, INC.

**FILED** Jan 29, 2014 **Secretary of State** CC6669934913

## **Current Principal Place of Business:**

C/O QUALITY MANAGEMENT GROUP 9045 LA FONTANA BLVD, STE. 101 BOCA RATON, FL 33434

## **Current Mailing Address:**

C/O QUALITY MANAGEMENT GROUP 9045 LA FONTANA BLVD, STE. 101 BOCA RATON, FL 33434 US

FEI Number: 65-0099349 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

STEVEN R. BRATEN, PA 500 GULFSTREAM BOULEVARD SUITE 104 DELRAY BEACH, FL 33483 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title

Name SARLAY, DAN Name AQUINO, JAMES

9045 LA FONTANA BLVD STE 101 9045 LA FONTANA BLVD STE 101 Address Address

City-State-Zip: BOCA RATON FL 33434 City-State-Zip: BOCA RATON FL 33434

Title **TREASURER** Title **SECRETARY** Name DEVITO, JOE LANDI, EDITH Name

Address 9045 LA FONTANA BLVD. 9045 LA FONTANA BLVD STE 101 Address

STE 101 BOCA RATON FL 33434

City-State-Zip: City-State-Zip: BOCA RATON FL 33434

ASST. SECRETARY Title Name KUCINSKI, MAREK

Address 9045 LA FONTANA BLVD.

STF 101

BOCA RATON FL 33434 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

01/29/2014 SIGNATURE: DAN SARLAY **PRESIDENT**