## 2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N29761

Entity Name: LAWRENCE GROVE HOMEOWNERS ASSOCIATION, INC.

FILED Nov 13, 2019 Secretary of State 0730082832CC

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

C/O CONSOLIDATED COMMUNITY MGT 7124 NORTH NOB HILL RD TAMARAC, FL 33321

## **Current Mailing Address:**

C/O CONSOLIDATED COMMUNITY MGT 7124 NORTH NOB HILL RD TAMARAC, FL 33321 US

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

## Name and Address of Current Registered Agent:

KRAVIT LAW, P.A. 2101 NW CORPORATE BLVD STE 410 BOCA RATON, FL 33431 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: CORY KRAVIT. ESQ. 11/13/2019

Electronic Signature of Registered Agent

Officer/Director Detail:

TitleTREASURERTitlePRESIDENTNameMAJEWSKI, GRZEGORZNameLANDI, EDITH

Address C/O CONSOLIDATED COMMUNITY Address C/O CONSOLIDATED COMMUNITY

7124 NORTH NOB HILL RD 7124 NORTH NOB HILL RD

City-State-Zip: TAMARAC FL 33321 City-State-Zip: TAMARAC FL 33321

Title SECRETARY Title VP

Name GRIBBON, JAMES Name SARLAY, DAN

Address C/O CONSOLIDATED COMMUNITY Address C/O CONSOLIDATED COMMUNITY

MGT

7124 NORTH NOB HILL RD 7124 NORTH NOB HILL RD

City-State-Zip: TAMARAC FL 33321 City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name GLOVER, DAVID

MGT

Address C/O ASSOCIATED PROPERTY

MANAGEMENT OF THE PALM

BEACHES, INC

8135 LAKE WORTH ROAD SUITE B

City-State-Zip: LAKE WORTH FL 33467

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.

SIGNATURE: EDITH LANDI PRES 11/13/2019

Date