2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N29761

Entity Name: LAWRENCE GROVE HOMEOWNERS ASSOCIATION, INC.

FILED Nov 07, 2018 Secretary of State CC2203801440

Current Principal Place of Business:

C/O ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC

8135 LAKE WORTH ROAD SUITE B

LAKE WORTH, FL 33467

Current Mailing Address:

C/O ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC 8135 LAKE WORTH ROAD SUITE B LAKE WORTH, FL 33467 US

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

Name and Address of Current Registered Agent:

BRATEN, STEVEN R ESQ. 250 AUSTRALIAN AVE. SOUTH 5TH FLOOR

WEST PALM BEACH, FL 33401-5012 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
 TREASURER
 Title
 PRESIDENT

 Name
 MAJEWSKI, GRZEGORZ
 Name
 LANDI, EDITH

Address C/O ASSOCIATED PROPERTY Address C/O ASSOCIATED PROPERTY

MANAGEMENT OF THE PALM

MANAGEMENT OF THE PALM

PERSONNEL INC.

BEACHES, INC BEACHES, INC

8135 LAKE WORTH ROAD SUITE B 8135 LAKE WORTH ROAD SUITE B

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY Title VP

Name GRIBBON, JAMES Name SARLAY, DAN

Address C/O ASSOCIATED PROPERTY Address C/O ASSOCIATED PROPERTY

MANAGEMENT OF THE PALM
BEACHES, INC
BEACHES, INC

BEACHES, INC
8135 LAKE WORTH ROAD SUITE B
BEACHES, INC
8135 LAKE WORTH ROAD SUITE B

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name GLOVER, DAVID

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 PRESIDENT 11/07/2018