

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90157 004 \*\*\*\*61.25

DOCUMENT # N96000000171

1. Entity Name

Lake Grove Property Owner's  
Association, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
P.O. Box 2431

Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 2431

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Palm City, FL

City & State  
Palm City, FL

4. FEI Number  
65-0461431

Applied For  
Not Applicable

Zip  
34991

Country  
USA

Zip  
34991

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Deborah L. Ross, Esquire -

Street Address (P.O. Box Number is Not Acceptable)

401 East Osceola Street

City Stuart

FL

Zip Code  
34994

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

FEE IS \$61.25  
Initial or Amended UBR

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

TITLE PD  
NAME Michael J. McNicholas  
STREET ADDRESS P.O. Box 2431  
CITY-ST-ZIP Palm City, FL 34991

TITLE VPD  
NAME John Markoya  
STREET ADDRESS P.O. Box 2431  
CITY-ST-ZIP Palm City, FL 34991

TITLE TD  
NAME Bruce Cameron  
STREET ADDRESS P.O. Box 2431  
CITY-ST-ZIP Palm City, FL 34991

TITLE SD  
NAME Michelle Katzman  
STREET ADDRESS P.O. Box 2431  
CITY-ST-ZIP Palm City, FL 34991

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)