

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000171

1. Entity Name

LAKE GROVE PROPERTY OWNERS' ASSOCIATION, INC.

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90161 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 2431  
PALM CITY FL 34491

P.O. BOX 2431  
PALM CITY FL 34491

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0461431

Applied For

Not Applicable

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

ROSS, DEBORAH L  
401 EAST OSCEOLA STREET  
STUART FL 34994

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME STUMPF, RICK ☒ Delete  
STREET ADDRESS P.O. BOX 2431  
CITY-ST-ZIP PALM CITY FL 34491

TITLE PD  
NAME Mike McNicholas ☐ Change ☒ Addition  
STREET ADDRESS 4947 SW Lake Grove Circle  
CITY-ST-ZIP Palm City FL 34990

TITLE VPD  
NAME MARKOYA, JOHN ☐ Delete  
STREET ADDRESS P.O. BOX 2431  
CITY-ST-ZIP PALM CITY FL 34491

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD  
NAME KATZMAN, MICHELLE ☒ Delete  
STREET ADDRESS P.O. BOX 2431  
CITY-ST-ZIP PALM CITY FL 34491

TITLE STD  
NAME Karen Bartnick ☐ Change ☒ Addition  
STREET ADDRESS 4856 SW Lake Grove Circle  
CITY-ST-ZIP Palm City FL 34990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Karen M. Bartnick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/02

283-7485

CR2E037 (9/01)