


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90017 014 ****61.25

DOCUMENT # N96000000171 1. Entity Name LAKE GROVE PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 2431 PALM CITY, FL 34491			Mailing Address 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	01072004 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0461431				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSS, DEBORAH L ESQ 401 EAST OSCEOLA STREET STUART, FL 34994			Name DE		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNICHOLAS, MIKE		NAME	RICK STUMPF	
STREET ADDRESS	PO BOX 2431		STREET ADDRESS	4868 SW Lake Grove Cir.	
CITY-ST-ZIP	PALM CITY, FL 34991		CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKOYA, JOHN		NAME	MATTHEW PANCARI	
STREET ADDRESS	P.O. BOX 2431		STREET ADDRESS	PO BOX 2431	
CITY-ST-ZIP	PALM CITY, FL 34491		CITY-ST-ZIP	Palm City, FL 34491	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMERON, BRUCE		NAME	VIRGINIA KILEY	
STREET ADDRESS	PO BOX 2431		STREET ADDRESS	PO BOX 2431	
CITY-ST-ZIP	PALM CITY, FL 34991		CITY-ST-ZIP	Palm City, FL 34991	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATZMAN, MICHELLE		NAME	Dunn, Jeanne SB	
STREET ADDRESS	PO BOX 2431		STREET ADDRESS	PO BOX 2431	
CITY-ST-ZIP	PALM CITY, FL 34991		CITY-ST-ZIP	Palm City, FL 34991	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DORCAINE LEVULIS	
STREET ADDRESS			STREET ADDRESS	4868 SW PO Box 2431	
CITY-ST-ZIP			CITY-ST-ZIP	Palm City, FL 34991	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Sercia, Rosemary D	
STREET ADDRESS			STREET ADDRESS	P.O. Box 2431	
CITY-ST-ZIP			CITY-ST-ZIP	Palm City, FL 34991	
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: <u>MATTHEW PANCARI</u> MATTHEW PANCARI 1/26/04 772 2236370					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Attachment

ELIZABETH HUGES D.

PO BOX 2431

Palm City, FL 34991

2400 5587

#N96000000171

Rachelle Mulligan D.

~~PO Box 2431~~

Palm City, FL 34991
