2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 21, 2008 8:00 am **Secretary of State**

02-21-2008 90018 020 ****61.25

DOOL 13 4ENT // NOCOCOCOCA 74	
DOMESTICAL TRANSPORTION OF THE TOTAL PROPERTY OF THE TOTAL PROPERT	
DOCUMENT # N9600000171	



1. Entity Nam LAKE GR	OVE PR	OPERTY OWNERS	S' ASSC	CIATION, IN	ıc.		n 1111 6	.u v -			
P.O. BOX 2431 P.O. 1				lailing Address P.O. BOX 2431 PALM CITY, FL 34491							
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc. Sui			Suite	Suite, Apt. #, etc.			01162008	Chg-NP	CR2E037	7 (12/06)	
City & State Cit			City	City & State			4. FEI Number 65-04614	31		 	plied For Applicable
Zip	p Country Zip			Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current I	Registered	Agent			7. Name and Ad	idress of New R	Registered A	gent	
CODMITT	. IANIT I	ECO.			Name						
CORNETT, JANE L ESQ CORNETT,GODGE & ASSOCIATES,PA 701 EAST OSCEOLA ST				Street	Street Address (P.O. Box Number is Not Acceptable)						
STUART, I	FL 34994				ļ						
					City				FL	Zip Code	
	named entiti ions of regist	y submits this statement for tered agent.	r the purpo:	se of changing its	registered office	or register	red agent, or both,	in the State of Fl	orida. 1 am fa	imiliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applic	cable. / (NOTE	E: Registered Agent sign	sature required	d when reinstating)		OATE		
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaig Trust Fund Contr							\$5.00 May Be Added to Fees		flake check rida Departi		
10.		OFFICERS AND DIF	RECTORS		11.		ADDITIONS/CHAN	IGES TO OFFICE	RS AND DIR	ECTORS IN	10
TITLE	COVD			⊠ Delete	TITLE	VP.	\mathcal{D}_{A}	10000		☐ Change	Addition
NAME	YOUNG,				NAME		CRAIG C	addigan w lake	Garre (Piecle	
STREET ADDRESS		LAKE GROVE CIR			STREET ADDRESS CITY-ST-ZIP	·	4856 S	W CARE	31/000	-	
CITY-ST-ZIP		CITY, FL 34491		-		152	PAIM Cir	LY FL	37770	☐ Change	C tantin
TITLE	PD HUDOCK	OUN		Delete .	TITLE NAME	12 ~	JAMES /	MONASTRA	4	Unange	Addition
NAME STREET ADDRESS		LAKE GROVE CIRCLE			STREET ADDRESS	;	4923 Sa	SLAKE G.	rave C	ircle	
CITY-ST-ZIP		TY, FL 34990			CITY-ST-ZIP		Palm C	Ly FL	34990	9	
TITLE	TD	-		☐ Delete	TITLE			7		☐ Change	Addition
NAME	ZOPHRE	•			NAME						ļ
STREET ADDRESS		LAKE GROVE CIR			STREET ADDRESS	i					
CITY-ST-ZIP		TY, FL 34990			CITY-ST-ZIP	1 07				✓ Change	Addition
TITLE NAME	SD LESSIN,	IOHN		☐ Delete	TITLE NAME	PI	Lessin.	JOhn		Change	Addition
STREET ADDRESS	1	LAKE GROVE CIR			STREET ADDRESS	;	4947 5	w LAKE	Grove	Circle	
CITY-ST-ZIP	1	TY, FL 34990			CITY-ST-ZIP		Palm C	ity FL	3499	0	
TITLE	COVD			☑ Delete	TITLE	1	Lessin, 4947 Si Palm Ca	7		☐ Change	Addition
NAME	1	LLI, CHAD			NAME				9		
STREET ADDRESS	1	LAKE GROVE CIR			STREET ADDRESS	\$			•		
CITY-ST-ZIP	PALM CI	TY, FL 34990			CITY-ST-ZIP	 				☐ Change	☐ Addition
TITLE					TITLE						I LEADING I
				☐ Delete						CT Criaride	
NAME STREET ADDRESS				∟ Delete	NAME STREET ADDRESS	s				C Criarige	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 will ap address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 691 2411