

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000171

FILED  
Feb 14, 2009  
Secretary of State

**Entity Name:** LAKE GROVE PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 2431  
PALM CITY, FL 34491

**New Principal Place of Business:**

4923 SW LAKE GROVE CIRCLE  
PALM CITY, FL 34490

**Current Mailing Address:**

P.O. BOX 2431  
PALM CITY, FL 34491

**New Mailing Address:**

**FEI Number:** 65-0461431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORNETT, JANE L ESQ  
CORNETT,GODGE & ASSOCIATES,PA  
701 EAST OSCEOLA ST  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: CADDIGAN, CRAIG  
Address: 4856 SW LAKE GROVE CIRCLE  
City-St-Zip: PALM CITY, FL 34990

Title: SD ( ) Delete  
Name: MONASTRA, JAMES  
Address: 4923 SW LAKE GROVE CIRCLE  
City-St-Zip: PALM CITY, FL 34990

Title: TD ( ) Delete  
Name: ZOPHRES, THEO  
Address: 4940 SW LAKE GROVE CIR  
City-St-Zip: PALM CITY, FL 34990

Title: PD ( ) Delete  
Name: LESSIN, JOHN  
Address: 4947 SW LAKE GROVE CIR  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: CADDIGAN, CRAIG  
Address: 4850 SW LAKE GROVE CIRCLE  
City-St-Zip: PALM CITY, FL 34990

Title: SD (X) Change ( ) Addition  
Name: MONASTRA, ELIZABETH  
Address: 4923 SW LAKE GROVE CIRCLE  
City-St-Zip: PALM CITY, FL 34990

Title: TD (X) Change ( ) Addition  
Name: LESSIN, PAM  
Address: 4947 SW LAKE GROVE CIR  
City-St-Zip: PALM CITY, FL 34990

Title: PD (X) Change ( ) Addition  
Name: MONASTRA, JAMES  
Address: 4923 SW LAKE GROVE CIR  
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES MONASTRA

PD

02/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date