

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000171

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

**Current Principal Place of Business:**

4808 SW LAKE GROVE CIRCLE  
PALM CITY, FL 34490

**Current Mailing Address:**

P.O. BOX 2431  
PALM CITY, FL 34491

**FEI Number: 65-0461431**

**Certificate of Status Desired: No**

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

CORNETT, JANE LESQ  
BECKER & POLIAKOFF  
PO BOX 9057  
FORT LAUDERDALE, FL 33310-9057 US

*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

**Officer/Director Detail :**

Title VPD  
Name MULLIGAN, RACHELLE  
Address 4869 SW LAKE GROVE CIRCLE  
City-State-Zip: PALM CITY FL 34990

Title SD  
Name DUNN, JEANNE  
Address 4827 SW LAKE GROVE CIRCLE  
City-State-Zip: PALM CITY FL 34990

Title TD  
Name SERCIA, ROSE  
Address 4814 SW LAKE GROVE CIR  
City-State-Zip: PALM CITY FL 34990

Title PD  
Name HUGHES, ROBERT  
Address 4808 SW LAKE GROVE CIR  
City-State-Zip: PALM CITY FL 34990

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT HUGHES**

**PD**

**02/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date