

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000171

**Entity Name:** LAKE GROVE PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**4970 SW LAKE GROVE CIR.  
PALM CITY, FL 34490**Current Mailing Address:**P.O. BOX 2431  
PALM CITY, FL 34491 US**FEI Number:** 65-0461431**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAYE BENDER REMBAUM, P.L.  
1200 PARK CENTRAL BLVD., S  
POMPANO BEACH, FL 33064-0006 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 DIRECTOR  
Name MONASTRA, ELIZABETH  
Address P.O. BOX 2431  
City-State-Zip: PALM CITY FL 34491

Title PRESIDENT  
Name DUNN, JEANNE  
Address P.O. BOX 2431  
City-State-Zip: PALM CITY FL 34491

Title VP  
Name MCCARTHY, SEAN  
Address P.O. BOX 2431  
City-State-Zip: PALM CITY FL 34491

Title SECRETARY  
Name BARTNICK, KAREN  
Address P.O. BOX 2431  
City-State-Zip: PALM CITY FL 34491

Title DIRECTOR  
Name KATZMAN, MICHELLE  
Address P.O. BOX 2431  
City-State-Zip: PALM CITY FL 34491

Title DIRECTOR  
Name BESADE, BRYAN  
Address P.O. BOX 2431  
City-State-Zip: PALM CITY FL 34491

Title DIRECTOR  
Name MCKENNEY, CHRIS  
Address P.O. BOX 2431  
City-State-Zip: PALM CITY FL 34491

Title DIRECTOR  
Name SANDERSON, STEVE  
Address P.O. BOX 2431  
City-State-Zip: PALM CITY FL 34491

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*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: JOE PASKOSKI****TREASURER****02/02/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           PASKOSKI, JOE  
Address        P.O. BOX 2431  
City-State-Zip: PALM CITY FL 34491

Title           DIRECTOR  
Name           MULLIGAN, RACHELLE  
Address        P.O. BOX 2431  
City-State-Zip: PALM CITY FL 34491

Title           DIRECTOR  
Name           LUBAHN, COREY  
Address        P.O. BOX 2431  
City-State-Zip: PALM CITY FL 34491