

2022 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
POMPAÑO 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 DIRECTOR
Name BARTNICK, KAREN
Address P.O. BOX 2431
City-State-Zip: PALM CITY FL 34491

Title SECRETARY
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****03/20/2022**

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