

200 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002393

1. Entity Name, *✓*

LakeForest At St. Lucie West Homeowners Association, Inc.

Principal Place of Business
600 West Hillsboro Blvd.
Suite 101
Deerfield Beach, FL 33441

Mailing Address SAME

FILED

01 OCT -9 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
651005844

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Robert J. Trautman
600 West Hillsboro Blvd.
Suite 101
Deerfield Beach, FL 33441

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME Trautman, Robert J.
STREET ADDRESS 600 West Hillsboro Blvd. Ste. 101
CITY-ST-ZIP Deerfield Beach, FL 33441

TITLE ☐ Change ☐ Addition
NAME 900004641799--5
STREET ADDRESS -10/18/01--01055--011
CITY-ST-ZIP *****61.25 *****61.25

TITLE VTD ☐ Delete
NAME Kapustein, Walter P.
STREET ADDRESS 600 West Hillsboro Blvd. Ste. 101
CITY-ST-ZIP Deerfield Beach, FL 33441

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME Smith, Scott F.
STREET ADDRESS 600 West Hillsboro Blvd. Ste. 101
CITY-ST-ZIP Deerfield Beach, FL 33441

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP LS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with an address, with all other like empowered.

SIGNATURE: *Scott F. Smith* Scott F. Smith 10/5/01 954426 9999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)