

2002 UNIFORM BUSINESS REPORT (UBR)

09-10-2002 90210 031 ****70.00

DOCUMENT # N00000002393

1. Entity Name

LakeForest at St. Lucie West Homeowners Association, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP 11 PM 11:01

978820

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

Mailing Address
SAME

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2002 Amended UBR

4. FEI Number
651005844

Applied For

Not Applicable

5. Certificate of Status Desired

8

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Scott F. Smith
600 West Hillsboro Blvd.
Suite 101
Deerfield Beach, Fl 33441

7. Name and Address of New Registered Agent

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
FEES \$84.25

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

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

TITLE VTD
NAME Schnoll, Marc
STREET ADDRESS 600 West Hillsboro Blvd. Ste. 101
CITY-ST-ZIP Deerfield Beach, Fl 33441 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/02

Date

7544269999

Daytime Phone

9/13/02

CR2E037 (9/99)