

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002393

FILED
Apr 13, 2004
Secretary of State**Entity Name:** LAKEFOREST AT ST. LUCIE WEST HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**600 WEST HILLSBORO BLVD
SUITE 101
DEERFIELD BEACH, FL 33441**New Principal Place of Business:****Current Mailing Address:**600 WEST HILLSBORO BLVD
SUITE 101
DEERFIELD BEACH, FL 33441**New Mailing Address:****FEI Number:** 65-1005844**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SMITH, SCOTT F
600 W. HILLSBORO BLVD., STE. #101
DEERFIELD BEACH, FL 33441 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: SMITH, SCOTT F
Address: 600 W. HILLSBORO BLVD., STE. #101
City-St-Zip: DEERFIELD BEACH, FL 33441**Title:** VTD () Delete
Name: HILLS, JAMES R
Address: 600 W. HILLSBORO BLVD., STE. #101
City-St-Zip: DEERFIELD BEACH, FL 33441**Title:** SD () Delete
Name: SHOOPMAN, NICOLAS T
Address: 600 W. HILLSBORO BLVD., STE. #101
City-St-Zip: DEERFIELD BEACH, FL 33441**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD (X) Change () Addition
Name: EHRLICH, MICHAEL E
Address: 600 W. HILLSBORO BLVD., STE. #101
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SCOTT F. SMITH

PD

04/13/2004

Electronic Signature of Signing Officer or Director

Date