

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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FILED
05 JUN -9 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002393

1. Entity Name
LAKEFOREST AT ST. LUCIE WEST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**BAYSHORE MANAGEMENT
1304 BAYSHORE BLVD
PORT ST LUCIE, FL 34983**

Mailing Address
**1304 BAYSHORE BLVD
PORT SAINT LUCIE, FL 34983**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05262005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1005844

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

6. Name and Address of Current Registered Agent

**ROSS, DEBORAH L
759 S FEDERAL HWY, SUITE 212
STUART, FL 34994**

7. Name and Address of New Registered Agent

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

300056149503
06/14/05 01034 022 #6125
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FRAZER, STEVEN	
STREET ADDRESS	305 SW NORTH SHORE BLVD	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARON, ANDY	
STREET ADDRESS	392 SW LAKE FOREST WAY	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	EPERTHENER, LOU	
STREET ADDRESS	267 SW LAKE FOREST WAY	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	
TITLE	S	<input type="checkbox"/> Delete
NAME	WOOD, JEFFEREY	
STREET ADDRESS	644 LONG KEY CT	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerard Borie	
STREET ADDRESS	516 SW Lake Manatee Way	
CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andy Caron	
STREET ADDRESS	392 SW Lake Forest Way	
CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Russello	
STREET ADDRESS	470 SW Talquin Ln.	
CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jefferey Wood	
STREET ADDRESS	644 SW Long Key Ct.	
CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adele Gallo	
STREET ADDRESS	356 SW Lake Forest Way	
CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Day	
STREET ADDRESS	521 SW Lake Manatee Way	
CITY-ST-ZIP	Port St. Lucie, FL 34986	

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: Gerald Borie 6-2-05 72-873-8368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Applied For
Not Applicable

Zip

Country

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

TITLE VP ☐ Delete
NAME CARON, ANDY
STREET ADDRESS 392 SW LAKE FOREST WAY
CITY-ST-ZIP PORT SAINT LUCIE, FL 34986

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

TITLE T ☒ Delete
NAME EPERTHENER, LOU
STREET ADDRESS 267 SW LAKE FOREST WAY
CITY-ST-ZIP PORT SAINT LUCIE, FL 34986

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE S ☐ Delete
NAME WOOD, JEFFEREY
STREET ADDRESS 644 LONG KEY CT
CITY-ST-ZIP PORT SAINT LUCIE, FL 34986

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME Louis Gotta
STREET ADDRESS 374 SW Lake Forest Way
CITY-ST-ZIP Port St. Lucie, FL 34986

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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SIGNATURE: *Gerald Bowie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-205

Date

772-873-8368

Daytime Phone #