
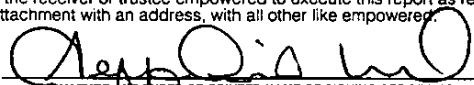


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90133 004 ****61.25

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 <i>1111 SE Federal Hwy</i> Suite, Apt. #, etc. <i>Suite 100</i> City & State <i>Stuart, FL</i> Zip <i>34994</i>		3. Mailing Address <i>1111 SE Federal Hwy</i> Suite, Apt. #, etc. <i>Suite 100</i> City & State <i>Stuart, FL</i> Zip <i>34994</i>	
4. FEI Number 65-1005844		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P BORIE, GERARD 516 SW LAKE MANATEE WAY PORT SAINT LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VP GAMBONI, PASQUALE 519 SW LAKE MANATEE WAY PORT ST LUCIE, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CARON, ANDY 392 SW LAKE FOREST WAY PORT SAINT LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 3 WELLS MARIA 884 SW ROCKY BAYOU TERRACE PORT ST. LUCIE - FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T RUSSELLO, JAMES 470 SW TALQUIN LN PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP WOOD, JEFFEREY 644 LONG KEY CT PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S GALLO, ADELE 356 SW LAKE FOREST WAY PORT ST LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D MINENNA, JACK 354 SW LAKE FOREST WAY PORT ST LUCIE, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DAY, KENNETH 521 SE LAKE MANATEE WAY PORT ST LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D COHA, LOUIS 374 SW LAKE FOREST WAY PORT ST LUCIE, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date <i>4-3-06</i> Daytime Phone # <i>(361) 234-9884</i>	