2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2006 8:00 am Secretary of State 04-05-2006 90133 004 ****61.25

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



Principal Place of Business

Mailing Address

BAYSHORE N 1304 BAYSH	IANAGEMENT ORE BLVD IIE, FL 34983	1304 BAYSHORE BLVD PORT SAINT LUCIE, FL 3	34983	1100001001001001			
2. Principal P	lace of Business	3. Mailing Address	rdem/ Hu	14	83117 88117 8817 8817 88117 88118 11838 1185 18188 11818 81 888)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			hg-NP CR2E037 (11/05)		
City & State	net, Fl	City&,State	7	4. FEI Number 65-100584	4. FEI Number Applied For 65-1005844 Not Applicable		
Zip 344	194 Country	34994	Country	5. Certificate of S	tatus Desired S8.75 Additional Fee Required		
-	6. Name and Address of Current	7. Name and Add	7. Name and Address of New Registered Agent				
ROSS, DEBORAH L 759 S FEDERAL HWY, SUITE 212 STUART, FL 34994				Street Address (P.O. Box Number is Not Acceptable)			
			City		FL Zip Code		
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or re	egistered agent, or both, in	the State of Florida. I am familiar with, and accept		
· ·					:		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	required when reinstating)	DATE		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.		Make check payable to Florida Department of State		
10.	OFFICERS AND DIF		11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	P BORIE, GERARD	Delete	TITLE NAME	AMBONI, PA	19 UALE Change Addition MANALEE WAY 1 2 40 94		
STREET ADDRESS 516 SW LAKE MANATEE WAY CITY-ST-ZIP PORT SAINT LUCIE, FL 34986			STREET ADDRESS CITY-ST-ZIP	19 5W LAK	L. Fl 34986		
TITLE	D						
NAME :		Delete	717) 5	4	Channe Madding		
		Delete	717) 5	4	Channe Madding		
City-St-Zip	CARON, ANDY 392 SW LAKE FOREST WAY PORT SAINT LUCIE, FL 34986	Delete	717) 5	Suells MARIA	Change Addition		
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CITY+ST-ZIP THLE NAME	392 SW LAKE FOREST WAY PORT SAINT LUCIE, FL 34986 T RUSSELLO, JAMES		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3 Wells MARIA 854 SWROC PORT ST. LU	CIE-FC 34986		
CITY-ST-ZIP	392 SW LAKE FOREST WAY PORT SAINT LUCIE, FL 34986 T		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3 Wells MARIA 854 SWROC PORT ST. LU	CIE-FC 34986		
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CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	392 SW LAKE FOREST WAY PORT SAINT LUCIE, FL 34986 T RUSSELLO, JAMES 470 SW TALQUIN LN PORT SAINT LUCIE, FL 34986 VP WOOD, JEFFEREY 644 LONG KEY CT PORT SAINT LUCIE, FL 34986 S GALLO, ADELE	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME (Jells MARIA BEY SW ROC PORT ST. LU	Change Addition LV BAYOU TEXERACE CIF - FC 34984		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR