

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002393

FILED
Feb 27, 2009
Secretary of State

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

Current Principal Place of Business:

1111 SE FED HWY
STE 100
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

1111 SE FED HWY
STE 100
STUART, FL 34994

New Mailing Address:

FEI Number: 65-1005844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRIVOK, JAMES N ESQ
DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVE S, SUITE 400
WEST PALM BEACH, FL 33409 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: VPD () Delete
Name: FALGIA, JANE
Address: 534 SW LAKE MANATEE WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: SD () Delete
Name: WELLS, MARIA
Address: 884 SW ROCKY BAYOU TERR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD () Delete
Name: RUSSELLO, JAMES
Address: 470 SW TALQUIN LN
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: PD () Delete
Name: MINENNA, JACK
Address: 354 SW LAKE FOREST WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: GOTTA, LOUIS
Address: 374 SW LAKE FOREST WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FALGIA, JANE
Address: 534 SW LAKE MANATEE WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: GIONFRIDDO, FRANK
Address: 639 SW LONG KEY COURT
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JACK MINENNA

PRES

02/27/2009

Electronic Signature of Signing Officer or Director

Date