

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N00000002393

1. Entity Name

LakeForest at St. Lucie West Homeowners  
Association, Inc.



**FILED**

03 MAR 18 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

600 West Hillsboro Blvd.

Suite, Apt. #, etc.

Deerfield Beach, Fl

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Suite 101

City & State

4. FEI Number

651005844

Applied For

Not Applicable

Zip

33441

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Scott F. Smith

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

600 West Hillsboro Blvd., Suite 101

City

Deerfield Beach

FL

Zip Code  
33441

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

**FEE IS \$61.25**

**Initial or Amended UBR**

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 PD  
NAME Smith, Scott F.  
STREET ADDRESS 600 West Hillsboro Blvd. Ste. 101  
CITY-ST-ZIP Deerfield Beach, Fl 33441

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000014449260  
03/24/03--01001--003 \*\*70.00

TITLE VTD  
NAME Hills, James R.  
STREET ADDRESS 600 West Hillsboro Blvd. Ste. 101  
CITY-ST-ZIP Deerfield Beach, Fl 33441

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME Shoopman, Nicolas T.  
STREET ADDRESS 600 West Hillsboro Blvd. Ste. 101  
CITY-ST-ZIP Deerfield Beach, Fl 33441

TITLE  
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Scott F. Smith

3/13/03

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CR2E037B (12/02)