

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended 10f2
FILED

05 MAY 17 AM 8:43

FLORIDA STATE
DEPARTMENT OF REVENUE



05112005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-1005844 Applied For Not Applicable

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

DOCUMENT # N03000001730
1. Entity Name
LAKEFOREST POINTE AT ST. LUCIE WEST HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
600 W. HILLSBORO BLVD.
SUITE 101
DEERFIELD BEACH, FL 33441

Mailing Address
600 W. HILLSBORO BLVD.
SUITE 101
DEERFIELD BEACH, FL 33441

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

3. Mailing Address
1304 SW Bayshore Blvd
Suite, Apt. #, etc.
City & State
Port St. Lucie, FL
Zip **34983** Country

6. Name and Address of Current Registered Agent
~~SMITH, SCOTT F~~
~~600 W. HILLSBORO BLVD.~~
~~SUITE 101~~
~~DEERFIELD BEACH, FL 33441~~

7. Name and Address of New Registered Agent
Name **Rebecca L. Ross, Esq**
Street Address (P.O. Box Number is Not Acceptable) **7545 Federal Highway**
Suite **212**
City **Stuart** FL Zip Code **34994**

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 **900055378259**
05/26/05--01065--008 ***70.00
5/15/05
(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	PD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, SCOTT F	
STREET ADDRESS	600 WEST HILLSBORO BLVD. SUITE 101	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	HILLS, JAMES R	
STREET ADDRESS	600 WEST HILLSBORO BLVD. SUITE 101	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EHRlich, MICHAEL E	
STREET ADDRESS	600 WEST HILLSBORO BLVD. SUITE 101	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Atoa, Aristides, Jr.	
STREET ADDRESS	227 SW Coconut Key way	
CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gibbs, Judith R.	
STREET ADDRESS	338 SW Coconut Key way	
CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guaglieri, Ron	
STREET ADDRESS	231 SW Manatee Springs way	
CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony C. Roach	
STREET ADDRESS	213 SW MacLay Way	
CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Unger, Richard	
STREET ADDRESS	329 SW MacLay Way	
CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brophy, James	
STREET ADDRESS	223 SW Coconut Key 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: **Treasurer Anthony C. Roach** 5/12/2005 772-785-7928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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DOCUMENT # N03000001730 1. Entity Name LAKEFOREST POINTE AT ST. LUCIE WEST HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 600 W. HILLSBORO BLVD. SUITE 101 DEERFIELD BEACH, FL 33441			Mailing Address 600 W. HILLSBORO BLVD. SUITE 101 DEERFIELD BEACH, FL 33441		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1204 SW Bayshore Blvd. Suite, Apt. #, etc.			
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL		4. FEI Number 65-1005844	
Zip 34983		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, SCOTT F 600 W. HILLSBORO BLVD. SUITE 101 DEERFIELD BEACH, FL 33441				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		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	PD SMITH, SCOTT F 600 WEST HILLSBORO BLVD. SUITE 101 DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HILLS, JAMES R 600 WEST HILLSBORO BLVD. SUITE 101 DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EHRlich, MICHAEL E 600 WEST HILLSBORO BLVD. SUITE 101 DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: Treasurer Anthony C. Roach 5/12/2005 772-785-7928 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					