


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90075 032 ****70.00

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 <i>c/o Bayshore Property</i>			Mailing Address 1304 SW BAYSHORE BLVD. PORT ST. LUCIE, FL 34983		
2. Principal Place of Business MANAGEMENT Suite, Apt. #, etc. 1304 SW Bayshore Blvd			3. Mailing Address Suite, Apt. #, etc. 		
City & State PORT ST. LUCIE, FL			City & State 		
Zip 34983		Country USA		4. FEI Number 51-0469290	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROSS, DEBORAH L ESQ. 7595 FEDERAL HIGHWAY 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 <i>Dan Fossen</i> 4-13-06 <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	PD ATOAs, ARISTIDES JR. 227 SW COCONUT KEY WAY PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIBBS, JUDITH R 338 SW COCONUT KEY WAY PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUAGLIERI, RON 231 SW MANATEE SPRINGS WAY PORT ST. LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROACH, ANTHONY C 213 SW MACLAY WAY PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UNGER, RICHARD 329 SW MACLAY WAY PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROPHY, JAMES 223 SW COCONUT KEY WAY PORT. ST. LUCIE, FL 34986	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID JOAN BARNES 332 SW COCONUT KEYWAY PORT ST. LUCIE, FL 34986	<input checked="" type="checkbox"/> Change <input 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: <i>Aristides Alon</i> 4/13/06 (772) 873-5281 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					