

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 MANAGEMENT</i>		Mailing Address 1304 SW BAYSHORE BLVD. PORT ST. LUCIE, FL 34983	
2. Principal Place of Business 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	
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 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 <i>Moody Dan Fossen</i> Signature, typed or printed name of registered agent and title if applicable.		DATE 4-13-06 (NOTE: Registered Agent signature required when reinstating)	
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 PD NAME ATOA, ARISTIDES JR. STREET ADDRESS 227 SW COCONUT KEY WAY CITY-ST-ZIP PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME GIBBS, JUDITH R STREET ADDRESS 338 SW COCONUT KEY WAY CITY-ST-ZIP PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME QUAGLIERI, RON STREET ADDRESS 231 SW MANATEE SPRINGS WAY CITY-ST-ZIP PORT ST. LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete	TITLE <i>ID</i> NAME <i>JOAN BARNES</i> STREET ADDRESS <i>332 SW COCONUT KEYWAY</i> CITY-ST-ZIP <i>PORT ST. LUCIE, FL 34986</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME ROACH, ANTHONY C STREET ADDRESS 213 SW MACLAY WAY CITY-ST-ZIP PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME UNGER, RICHARD STREET ADDRESS 329 SW MACLAY WAY CITY-ST-ZIP PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BROPHY, JAMES STREET ADDRESS 223 SW COCONUT KEY WAY CITY-ST-ZIP PORT. ST. LUCIE, FL 34986	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 Atoa</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: <i>4/13/06</i> DATE DAYTIME PHONE #: <i>(772) 873-5281</i> DAYTIME PHONE #	