

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000001730

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



Principal Place of Business  
C/O BAYSHORE PROP MGMT  
1304 SW BAYSHORE BLVD  
PORT SAINT LUCIE, FL 34983

Mailing Address  
1304 SW BAYSHORE BLVD.  
PORT ST. LUCIE, FL 34983

FILED

06 JUL 26 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07122006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number

51-0469290

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS, DEBORAH L ESQ.  
7595 FEDERAL HIGHWAY  
SUITE 212  
STUART, FL 34994

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME ATOA, ARISTIDES JR.  
STREET ADDRESS 227 SW COCONUT KEY WAY  
CITY-ST-ZIP PORT ST. LUCIE, FL 34986

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700078382497  
08/04/06--01045--021 \*\*\$61.25

TITLE VP ☐ Delete  
NAME GIBBS, JUDITH R  
STREET ADDRESS 338 SW COCONUT KEY WAY  
CITY-ST-ZIP PORT ST. LUCIE, FL 34986

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BARNES, JOAN  
STREET ADDRESS 332 SW COCONUT KEY WY  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34986

TITLE ☒ Change ☐ Addition  
NAME Barnes, Joan  
STREET ADDRESS 332 SW Coconut Key Way  
CITY-ST-ZIP Port St. Lucie, FL 34986

TITLE T ☒ Delete  
NAME ROACH, ANTHONY C  
STREET ADDRESS 213 SW MACLAY WAY  
CITY-ST-ZIP PORT ST. LUCIE, FL 34986

TITLE ☐ Change ☒ Addition  
NAME St. Germain, Patricia  
STREET ADDRESS 320 SW Tomoka Springs Dr.  
CITY-ST-ZIP Port St. Lucie, FL 34986

TITLE S ☐ Delete  
NAME UNGER, RICHARD  
STREET ADDRESS 329 SW MACLAY WAY  
CITY-ST-ZIP PORT ST. LUCIE, FL 34986

TITLE ☒ Change ☐ Addition  
NAME Unger, Richard  
STREET ADDRESS 329 SW MacLay Way  
CITY-ST-ZIP Port St. Lucie, FL 34986

TITLE D ☐ Delete  
NAME BROPHY, JAMES  
STREET ADDRESS 223 SW COCONUT KEY WAY  
CITY-ST-ZIP PORT. ST. LUCIE, FL 34986

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Richard Unger* Richard Unger

Date

7/1/06 772-878-1922

Daytime Phone #