

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001730

FILED
Apr 27, 2007
Secretary of State

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

Current Principal Place of Business:

C/O BAYSHORE PROP MGMT
1304 SW BAYSHORE BLVD
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

338 SW COCONUT KEY WAY
PORT SAINT LUCIE, FL 34988

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 881653
PORT ST. LUCIE, FL 34988

FEI Number: 51-0469290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: GIBBS, JUDITH R
Address: 338 SW COCONUT KEY WAY
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: S () Delete
Name: BARNES, JOAN
Address: 332 SW COCONUT KEY WY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: ST. GERMAIN, PATRICIA
Address: 320 SW TOMOKA SPRINGS DR.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: P () Delete
Name: UNGER, RICHARD
Address: 329 SW MACLAY WAY
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D () Delete
Name: BROPHY, JAMES
Address: 223 SW COCONUT KEY WAY
City-St-Zip: PORT. ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GIBBS, JUDITH R
Address: 338 SW COCONUT KEY WAY
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ATOA, ARIS
Address: 227 SW COCONUT KEY WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH GIBBS

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date