

2007 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
338 SW COCONUT KEY WAY
PORT SAINT LUCIE, FL 34988

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

FILED
07 AUG -3 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

227 SW COCONUT KEY WAY c/o VISTA PROPERTIES

3. Mailing Address

100 VISTA ROYALE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PORT SAINT LUCIE, FL

City & State
VERO BEACH, FL

Zip
34986

Country
ST. LUCIE

Zip
32962

Country
INDIAN RIVER

07022007 Chg-NP CR2E037 (12/06)

4. FEI Number
51-0469290

Applied For
Not Applicable

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

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 DEBORAH L. ROSS, ESQ

7/13/2007

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIBBS, JUDITH R 338 SW COCONUT KEY WAY PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARNES, JOAN 332 SW COCONUT KEY WY PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. GERMAIN, PATRICIA 320 SW TOMOKA SPRINGS DR. PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATO, ARIS 227 SW COCONUT KEY WAY PORT SAINT 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JAKOVICH, ROBERT 261 SW COCONUT KEY WAY PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR 800108202178 08/18/07--01047--003 **\$61.25	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B. 8/16/07	<input type="checkbox"/> Change <input checked="" 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:

Quotidian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/07 772-562-9031 x150
Date Daytime Phone #