


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90079 018 \*\*\*\*61.25

<b>DOCUMENT # N03000001730</b> 1. Entity Name LAKEFOREST POINTE AT ST. LUCIE WEST HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 227 SW COCONUT KEY WAY PORT SAINT LUCIE, FL 34988			Mailing Address C/O VISTA PROPERTIES 100 VISTA ROYALE BLVD VERO BEACH, FL 32962		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>51-0469290</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
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 <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D GIBBS, JUDITH R <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	338 SW COCONUT KEY WAY		NAME		
STREET ADDRESS	PORT ST. LUCIE, FL 34986		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S BARNES, JOAN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	332 SW COCONUT KEY WY		NAME		
STREET ADDRESS	PORT SAINT LUCIE, FL 34986		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V ST. GERMAIN, PATRICIA <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	320 SW TOMOKA SPRINGS DR.		NAME		
STREET ADDRESS	PORT ST. LUCIE, FL 34986		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P ATO, ARIS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	227 SW COCONUT KEY WAY		NAME		
STREET ADDRESS	PORT SAINT LUCIE, FL 34986		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T JAKOVICH, ROBERT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	261 SW COCONUT KEY WAY		NAME		
STREET ADDRESS	PORT. ST. LUCIE, FL 34986		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



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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:** 

4/9/08