

2008 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
~~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 #
225 SW MACLAY WAY

3. Mailing Address
Suite, Apt. #, etc.

City & State
PORT SAINT LUCIE FL

Zip
34986

Country

FILED

08 JUL 14 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07122008 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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 07/18/08--01047--005 **\$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	D GIBBS, JUDITH R 338 SW COCONUT KEY WAY PORT ST. LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROACH, TONY 213 SW MACLAY WAY PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 SALING, SR., STEVEN 318 SW COCONUT KEY WAY PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATOA, ARIS 227 SW COCONUT KEY WAY PORT SAINT LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOMFIELD, WHITLEY 308 SW TOMOKA SPRINGS DRIVE PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAKOVICH, ROBERT 261 SW COCONUT KEY WAY PORT. ST. LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATOA, ARIS 227 SW COCONUT KEY WAY PORT SAINT LUCIE, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: _____ TONY ROACH, PRESIDENT 6/30/2008 772-801-8695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/17 aw