

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 07, 2009
Secretary of State

DOCUMENT# N03000001730

Entity Name: LAKEFOREST POINTE AT ST. LUCIE WEST HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**225 SW MACLAY WAY
PORT SAINT LUCIE, FL 34986**New Principal Place of Business:****Current Mailing Address:**C/O VISTA PROPERTIES
100 VISTA ROYALE BLVD
VERO BEACH, FL 32962**New Mailing Address:****FEI Number:** 51-0469290**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHEPPARD, JOHN R ESQ.
1818 AUSTRALIAN AVENUE SOUTH
#400
WEST PALM BEACH, FL 33409 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: D () 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: ATOA, ARIS
Address: 227 SW COCONUT KEY WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T () Delete
Name: JAKOVICH, ROBERT
Address: 261 SW COCONUT KEY WAY
City-St-Zip: PORT. ST. LUCIE, FL 34986

Title: P () Delete
Name: ROACH, TONY
Address: 213 SW MACLAY WAY
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VP () Delete
Name: RINGWELSKI, DENNIS
Address: 218 SW COCONUT KEY WAY
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BERBER, MUSTAFA DR
Address: 307 SW PERDIDO KEY
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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: KATHERINE CIMPI

MGR

07/07/2009

Electronic Signature of Signing Officer or Director

Date