

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 24, 2010
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:**584 NW UNIVERSITY DRIVE
703
PORT SAINT LUCIE, FL 34986**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
Name: WELDS-HEDBERG, LOUVISA DR
Address: 310 TOMOKA SPRINGS DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: S
Name: GEARY, THERESA
Address: 322 TOMOKA SPRINGS DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

Title: T
Name: LOZANO-GONALEZ, MARIA
Address: 251 SW COCONUT KEY WAY
City-St-Zip: PORT. ST. LUCIE, FL 34986

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

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

I hereby 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 all other like empowered.

SIGNATURE: KATHERINE CIMPI

LCAM

06/24/2010

Electronic Signature of Signing Officer or Director

Date