2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000001730

Jun 21, <u>201</u>1 Secretary of State

Entity Name: LAKEFOREST POINTE AT ST. LUCIE WEST HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

225 SW MACLAY WAY PORT SAINT LUCIE, FL 34986

Current Mailing Address: New Mailing Address:

584 NW UNIVERSITY DRIVE 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: Name and Address of New Registered Agent:

SHEPPARD, JOHN R ESQ. 1818 AUSTRALIAN AVENUE SOUTH #400 WEST PALM BEACH, FL 33409 US

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:

SALINO, STEVEN SR Name: Address: 318 SW COCONUT KEY WAY City-St-Zip: PORT ST. LUCIE, FL 34986

Title:

Name: BARNES, JOAN

Address: 332 SW COCONUT KEY WAY City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D

ATOA, ARIS Name:

Address: 227 SW COCONUT KEY WAY City-St-Zip: PORT SAINT LUCIE, FL 34986

Title:

Name: JAKOVICH, ROBERT Address: 261 SW COCONUT KEY WAY City-St-Zip:

PORT. ST. LUCIE, FL 34986

Title:

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

Title:

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

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.

Ρ SIGNATURE: TONY ROACH 06/21/2011