

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004619

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** ST. LUCIE WEST OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

302 NW BETHANY DR  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BAYSHORE ASSO. MGMT  
P.O. BOX 880038  
PORT SAINT LUCIE, FL 34988

**New Mailing Address:**

C/O BAYSHORE ASSO. MGMT  
430 NW LAKE WHITNEY PLACE  
PORT SAINT LUCIE, FL 34986

**FEI Number:** 20-5001600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEBER, WILLIAM L  
C/O BAYSHORE ASSOC. MGMT  
430 NW LAKE WHITNEY PLACE  
PORT SAINT LUCIE, FL 34986 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:** P  
**Name:** SHAREEF, HUMAYUN M.D.  
**Address:** 430 NW LAKE WHITNEY PLACE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34986

**Title:** T  
**Name:** KATTA, JOSEPH  
**Address:** 430 NW LAKE WHITNEY PLACE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34986

**Title:** S  
**Name:** SCOTT, ALISSA  
**Address:** 430 NW LAKE WHITNEY PLACE  
**City-St-Zip:** PORT SAINT 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:** HUMAYUN SHAREEF

P

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date