2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N32022

Entity Name: LAKEFIELD WEST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3900 WOODLAKE BLVD
SUITE 309
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

3900 WOODLAKE BLVD
SUITE 309
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 65-0124991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POSNER, MICHAEL J
4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407 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:	DP	( ) Delete
Name:	FISCHER, RICHARD	
Address:	1860 CORSICA DR	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	D	( ) Delete
Name:	BURKE, BASIL	
Address:	15900 LISBAN COURT	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	D	( ) Delete
Name:	EVERS, TOMMY	
Address:	1600 CORSICA DR	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	TD	( ) Delete
Name:	MCDANIEL, FLOYD	
Address:	1985 SOUTH CLUB DR	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	VPD	( ) Delete
Name:	PLATT, JOHN	
Address:	1948 S CLUB DR	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	SD	( ) Delete
Name:	POSNER, MICHAEL	
Address:	1721 CORSICA DR	
City-St-Zip:	WELLINGTON, FL 33404	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	WISKOFF, MARC	
Address:	1925 SOUTH CLUB BLVD.	
City-St-Zip:	WELLINGTON, FL 33414	
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: RICHARD FISHER PRES 04/20/2009

Electronic Signature of Signing Officer or Director — Date