

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32022

FILED
Mar 04, 2011
Secretary of State

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: D
Name: BIVIN, STORMI
Address: 1945 S.CLUB DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: VP
Name: WISKOFF, MARC
Address: 1925 SOUTH CLUB BLVD.
City-St-Zip: WELLINGTON, FL 33414

Title: D
Name: EVERS, TOMMY
Address: 1600 CORSICA DR
City-St-Zip: WELLINGTON, FL 33414

Title: TD
Name: MCDANIEL, FLOYD
Address: 1985 SOUTH CLUB DR
City-St-Zip: WELLINGTON, FL 33414

Title: SEC
Name: PLATT, JOHN
Address: 1948 S CLUB DR
City-St-Zip: WELLINGTON, FL 33414

Title: DP
Name: GASSO, VINCE
Address: 15610 LATINA PLACE
City-St-Zip: WELLINGTON, FL 33414

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: VINCE GASSO

DP

03/04/2011

Electronic Signature of Signing Officer or Director

Date

Mar. 4, 2011 12:27PM

No. 7914 P. 1

N32022
GRS

MANAGEMENT ASSOCIATES

3900 Woodlake Blvd., Suite 309 Lake Worth, FL 33463 (561) 641-8554 Fax (561) 641-8448

#128

Facsimile

3/4/11

To: FL Dep. of State

From: Vivian Comand

Date: 3-4-10

Fax Number: 1-850-245-6017

Messages:

(Pages including cover: 2)

RE: LAKEFIELD WEST H.O.A.
Doc: N32022 (SEE ATTACHED)
PLEASE ADD #7 BOB:
RAYMOND D'AGOSTINO
15870 SIGLEY TERRACE
WELLINGTON, FL 33414
TITLE: DIRECTIONS

THANK YOU!

**** CONFIDENTIALITY NOTICE ****

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