

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90031 046 \*\*\*\*61.25

<b>DOCUMENT # N36565</b> 1. Entity Name <b>THE LAKES AT ST. LUCIE WEST PROPERTY OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>1210 NW SUN TERRACE CIR. PORT SAINT LUCIE, FL 34986 US</b>		Mailing Address <b>1210 NW SUN TERRACE CIR. PORT SAINT LUCIE, FL 34986 US</b>	
2. Principal Place of Business - No P.O. Box # <b>96 BAYSHORE ASSOC. MGMT BAYSHORE ASSOC MGMT</b> Suite, Apt. #, etc. <b>430 W LAKENHITNEY PL PO BOX 880038</b>			
City & State <b>PORT ST LUCIE FL</b>		City & State <b>PORT ST LUCIE FL</b>	
Zip <b>34986</b>	Country <b>US</b>	Zip <b>34988</b>	Country <b>US</b>
4. FEI Number <b>65-0172401</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORNETT, JANE ESQ WACKEN, CORNETT &amp; GOUGE PA 401 EAST OSCEOLA STREET / 1ST FLOOR STUART, FL 34994</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>PD</b>	NAME <b>TURKEL, MARTIN</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>1526-A NW AMHERST DR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>PORT SAINT LUCIE, FL 34986</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE <b>SD</b>	NAME <b>DIETEMANN, DONNA</b>	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS <b>100 NW BENTLEY CIRCLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
CITY-ST-ZIP <b>PORT SAINT LUCIE, FL 34986</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>TD</b>	NAME <b>NICKEL, RONALD</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>1208 D NW SUN TERRACE CIR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>ST LUCIE WEST, FL 34986</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
<b>SIGNATURE:</b> _____ <b>Pres 3/25/08 772-878-5998</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>MARTIN TURKEL Pres.</b>			