


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90095 024 \*\*\*\*61.25

<b>DOCUMENT # N46028</b>	
1. Entity Name <b>LAKESIDE AT ST. LUCIE WEST HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>C/O BAYSHORE ASSOC. MGMT. 1304 SW BAYSHORE BLVD. PORT ST LUCIE, FL 34983 US</b>	Mailing Address <b>1304 SW BAYSHORE BLVD. PORT SAINT LUCIE, FL 34983 US</b>
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**40055127**

2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 880038</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Port St. Lucie, FL</b>	
Zip	Country	Zip	Country
<b>34988</b>	<b>U.S.A.</b>	<b>34988</b>	<b>U.S.A.</b>



03292007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0298863</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 J 401 E OSCEOLA STREET STUART, FL 34995</b>		7. Name and Address of New Registered Agent
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		FL Zip Code

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$81.25 Due by May 1, 2007</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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP TURKEL, MARTIN 1526 A NW AMHERST ST LUCIE WEST, FL 34986</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS DOUGHERTY, DARLENE 1640 - B NW AMHERST DR PORT SAINT LUCIE, FL 34984</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT COURTLANDER, TERRIE 1296 B NW BENTLY CIRCLE ST. LUCIE WEST, FL 34986</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP GRULER, THOMAS 1297 B NW BENTLY CIRCLE ST LUCIE WEST, FL 34986</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D P LUMLEC, THELMA 1521 A NW AMHERST DR PORT SAINT LUCIE, FL 34986</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TheLMA PLumLee</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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>3/4/07</b> <b>777-340-5812</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #