


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90023 005 \*\*\*\*61.25

<b>DOCUMENT # N46028</b> 1. Entity Name LAKESIDE AT ST. LUCIE WEST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O BAYSHORE ASSOC. MGMT. 1304 SW BAYSHORE BLVD. PORT ST LUCIE, FL 34983 US			Mailing Address P.O. BOX 880038 PORT SAINT LUCIE, FL 34988 US		
2. Principal Place of Business - No P.O. Box # <i>C/O BAYSHORE ASSOC. MGMT</i> Suite, Apt. #, etc. <i>430 NW LAKE WHITNEY PLACE</i>			3. Mailing Address Suite, Apt. #, etc.		
City & State <i>PORT ST LUCIE FL</i> Zip <i>34986</i>			City & State Country <i>US</i>		
4. FEI Number 65-0298863			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORNETT, JANE J 401 E OSCEOLA STREET STUART, FL 34995			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)</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 NAME STREET ADDRESS CITY-ST-ZIP	DP TURKEL, MARTIN 1526 A NW AMHERST ST LUCIE WEST, FL 34986	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DOUGHERTY, DARLENE 1640 - B NW AMHERST DR PORT SAINT LUCIE, FL 34984	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COURTLANDER, TERRIE 1296 B NW BENTLY CIRCLE ST. LUCIE WEST, FL 34986	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GRULER, THOMAS 1297 B NW BENTLY CIRCLE ST LUCIE WEST, FL 34986	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLUMLEE, THELMA 1521 A NW AMHERST DR PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete			
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> <i>Darlene Dougherty</i> <span style="float: right;">3.14.08 772 871-0004</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					