2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46028

FILED Apr 06, 2009 Secretary of State

Entity Name: LAKESIDE AT ST. LUCIE WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O BAYSHORE ASSOC. MGMT 430 NW LAKE WHITNEY PLACE PORT SAINT LUCIE, FL 34986 US

New Mailing Address: Current Mailing Address:

P.O. BOX 880038

PORT SAINT LUCIE, FL 34988 US

FEI Number: 65-0298863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORNETT, JANE J **401 E OSCEOLA STREET** STUART, FL 34995

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP () Delete (X) Change () Addition

TURKEL, MARTIN TURKEL, MARTIN Name: Name: 1526 A NW AMHERST Address: 1526 A NW AMHERST Address: City-St-Zip: ST LUCIE WEST, FL 34986 City-St-Zip: PORT SAINT LUCIE, FL 34986

(X) Change () Addition Title: DS () Delete Title: DOUGHERTY, DARLENE Name: DOUGHERTY, DARLENE Name: Address: 1640 - B NW AMHERST DR Address: 1540 - B NW AMHERST DR City-St-Zip: PORT SAINT LUCIE, FL 34984 City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: () Delete Title: VP2 (X) Change () Addition COURTLANDER, TERRIE COURTLANDER, TERRIE Name: Name: 1296 B NW BENTLY CIRCLE 1296 B NW BENTLY CIRCLE Address: Address: City-St-Zip: ST. LUCIE WEST, FL 34986 City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: DVP () Delete Title: DVP (X) Change () Addition Name: GRULER, THOMAS Name: GRULER, THOMAS 1297 B NW BENTLY CIRCLE 1297 B NW BENTLY CIRCLE Address: Address: City-St-Zip: ST LUCIE WEST, FL 34986 City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: () Delete Title: (X) Change () Addition

PLUMLEE, THELMA PLUMLEE, THELMA Name: Name: 1521 A NW AMHERST DR 1521 A NW AMHERST DR Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34986 City-St-Zip: PORT SAINT LUCIE, FL 34986

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: DARLENE DOUGHERTY D 04/06/2009