

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46028

FILED
Mar 12, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 880038
PORT SAINT LUCIE, FL 34988 US

New Mailing Address:

FEI Number: 65-0298863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, JANE J
401 E OSCEOLA STREET
STUART, FL 34995 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: T
Name: TURKEL, MARTIN
Address: 1526 A NW AMHERST
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: P
Name: DOUGHERTY, DARLENE
Address: 1540 - B NW AMHERST DR
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VP2
Name: COURTLANDER, TERRIE
Address: 1296 B NW BENTLY CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: DVP
Name: GRULER, THOMAS
Address: 1297 B NW BENTLY CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

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: DARLENE DOUGHERTY

P

03/12/2010

Electronic Signature of Signing Officer or Director

Date