2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46028

FILED Mar 05, 2012 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

Current Mailing Address: New Mailing Address:

P.O. BOX 880038 430 NW LAKE WHITNEY PLACE PORT SAINT LUCIE, FL 34988 US PORT SAINT LUCIE, FL 34986 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 US

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:

Name: COURTLANDER, TERRIE
Address: 1296 B BENTLEY CIRCLE
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: WICKAM, JIM

Address: 1214 A BENTLEY CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: DVP

Name: MEYERS, BARRY

Address: 1215 B BENTLEY CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title:

Name: GRAVES, MARY LOU Address: 1250 B BENTLEY

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: ANTHONY PURIFICATO CAM 03/05/2012