

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002393

Entity Name: LAKEFOREST AT ST. LUCIE WEST HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 03, 2015
Secretary of State
CC3537341606**Current Principal Place of Business:**1111 SE FEDERAL HIGHWAY
SUITE 100
STUART, FL 34994**Current Mailing Address:**1111 SE FEDERAL HIGHWAY
SUITE 100
STUART, FL 34994 US**FEI Number: 65-1005844****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KRIVOK, JAMES NESQ
DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVE S, SUITE 400
WEST PALM BEACH, FL 33409 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**Officer/Director Detail :**

Title	VPD
Name	FALGIA, JANE
Address	1111 SE FEDERAL HIGHWAY SUITE 100
City-State-Zip:	STUART FL 34994

Title	SD
Name	WELLS, MARIA
Address	1111 SE FEDERAL HIGHWAY SUITE 100
City-State-Zip:	STUART FL 34994

Title	TD
Name	RUSSELLO, JAMES
Address	1111 SE FEDERAL HIGHWAY SUITE 100
City-State-Zip:	STUART FL 34994

Title	PD
Name	MINENNA, JACK
Address	1111 SE FEDERAL HIGHWAY SUITE 100
City-State-Zip:	STUART FL 34994

Title	D
Name	GIONFRIDDO, FRANK
Address	1111 SE FEDERAL HIGHWAY SUITE 100
City-State-Zip:	STUART FL 34994

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: JACK MINENNA**PRESIDENT****04/03/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date