

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N03000001730

**Entity Name:** LAKEFOREST POINTE AT ST. LUCIE WEST HOMEOWNER'S  
ASSOCIATION, INC.

**Current Principal Place of Business:**

225 SW MACLAY WAY  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

584 NW UNIVERSITY DRIVE  
703  
PORT SAINT LUCIE, FL 34986

**FEI Number: 51-0469290**

**Certificate of Status Desired:** No

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

SHEPPARD, JOHN ESQ.  
1818 AUSTRALIAN AVENUE SOUTH  
#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:** JOHN SHEPPARD, ESQ

**07/17/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER
Name	JAKOVICH, ROBERT
Address	261 SW COCONUT KEY WAY
City-State-Zip:	PORT. ST. LUCIE FL 34986
Title	DIRECTOR
Name	MEREDITH, KEVIN
Address	231 SW MANATEE SPRINGS WAY
City-State-Zip:	PORT ST LUCIE FL 34986
Title	PRESIDENT
Name	UNGER, RICH
Address	329 SW MACLAY WAY
City-State-Zip:	PORT ST LUCIE FL 34986
Title	VP
Name	ATOA, ARIS
Address	227 SW COCONUT KEY WAY
City-State-Zip:	PORT ST LUCIE FL 34986

Title	DIRECTOR
Name	MCCLUSKEY, GARY
Address	212 SW COCONUT KEY WAY
City-State-Zip:	PORT ST LUCIE FL 34986
Title	DIRECTOR
Name	MC CURRY, GARY
Address	210 SW COCONUT KEY WAY
City-State-Zip:	PORT ST LUCIE FL 34986
Title	DIRECTOR
Name	SALINO, STEVEN
Address	318 SW COCONUT KEY WAY
City-State-Zip:	PORT ST LUCIE FL 34986
Title	SECRETARY
Name	KIRBY, SUSAN
Address	315 SW MACLAY WAY
City-State-Zip:	PORT ST LUCIE FL 34986

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*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:** RICH UNGER

**PRESIDENT**

**07/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	SANO, LUCILLE
Address	238 SW COCONUT KEY WAY
City-State-Zip:	PORT ST LUCIE FL 34986