

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001730

**Entity Name:** LAKEFOREST POINTE AT ST. LUCIE WEST HOMEOWNER'S ASSOCIATION, INC.**FILED**  
**Jan 24, 2014**  
**Secretary of State**  
**CC9094343476****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 RESQ.  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	SALINO, STEVEN SR
Address	318 SW COCONUT KEY WAY
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	SECRETARY
Name	BARNES, JOAN
Address	332 SW COCONUT KEY WAY
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	VP
Name	ATOA, ARIS
Address	227 SW COCONUT KEY WAY
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	TREASURER
Name	JAKOVICH, ROBERT
Address	261 SW COCONUT KEY WAY
City-State-Zip:	PORT. ST. LUCIE FL 34986

Title	PRESIDENT
Name	ROACH, TONY
Address	213 SW MACLAY WAY
City-State-Zip:	PORT ST LUCIE FL 34986

Title	DIRECTOR
Name	RINGWELSKI, DENNIS
Address	218 SW COCONUT KEY WAY
City-State-Zip:	PORT ST LUCIE FL 34986

Title	DIRECTOR
Name	BERBER, DUYGU
Address	307 SW PERDIDO KEY ST
City-State-Zip:	PORT ST LUCIE FL 34986

Title	DIRECTOR
Name	JANECEK, RICHARD
Address	309 SW COCONUT KEY WAY
City-State-Zip:	PORT ST LUCIE FL 34986

**Continues on page 2**

*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: TONY ROACH****PRESIDENT****01/24/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	CENTOLA, GRACE
Address	5125 DELFA LN
City-State-Zip:	MACEDON NY 14502