

**2025 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:

543 NW LAKE WHITNEY PLACE
SUITE #101
PORT SAINT LUCIE, FL 34986 US

FEI Number: 51-0469290

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROSS EARLE BONAN ENSOR & CARRIGAN, P.A.
819 SW FEDERAL HWY.
SUITE 302
STUART, FL 34994 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 CARRIGAN

09/02/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name KIRBY, SUSAN
Address 315 SW MACLAY WAY
City-State-Zip: PORT. ST. LUCIE FL 34986

Title PRESIDENT
Name LOREFICE, ANGELA
Address 316 SW TOMOKA SPRINGS DR.
City-State-Zip: PORT ST LUCIE FL 34986

Title SECRETARY
Name KIRBY, SUSAN
Address 315 SW MACLAY
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name JULIAN, KURT ST
Address 352 SW COCONUT KEY WAY
City-State-Zip: PORT SAINT LUCIE FL 34986

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

Title DIRECTOR
Name FANELLI, VINCENT
Address 313 SW TOMOKA SPRINGS DR
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name MURPHY, SUZANNE
Address 324 SW TOMOKA SPRINGS DR
City-State-Zip: PORT ST 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: SUSAN KIRBY

SECRETARY

09/02/2025

Electronic Signature of Signing Officer/Director Detail

Date