

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001730

Entity Name: LAKEFOREST POINTE AT ST. LUCIE WEST HOMEOWNER'S ASSOCIATION, INC.**FILED**
Feb 16, 2025
Secretary of State
4604169089CC**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: No****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****02/16/2025**

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 UNGER, RICH
Address 329 SW MACLAY WAY
City-State-Zip: PORT ST LUCIE FL 34986**Title** SECRETARY
Name ST. JULIAN, KURT
Address 352 SW COCONUT KEY WAY
City-State-Zip: PORT ST LUCIE FL 34986**Title** DIRECTOR
Name ANGELA , LOREFICE
Address 316 SW TOMOKA
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 SALINO, STEVEN
Address 318 SW COCONUT KEY WAY
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: KIRBY , SUSAN**TREASURER****02/16/2025**

Electronic Signature of Signing Officer/Director Detail

Date