

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001730

**Entity Name:** LAKEFOREST POINTE AT ST. LUCIE WEST HOMEOWNER'S ASSOCIATION, INC.**FILED**  
**Mar 24, 2021**  
**Secretary of State**  
**6448002602CC****Current Principal Place of Business:**225 SW MACLAY WAY  
PORT SAINT LUCIE, FL 34986**Current Mailing Address:**543 NW LAKE WHITNEY PLACE  
101  
PORT SAINT LUCIE, FL 34986 US**FEI Number: 51-0469290****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STOLOFF, SCOTT  
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: SCOTT STOLOFF****03/24/2021**

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**           DIRECTOR  
**Name**           FERDA, BOLTON  
**Address**       314 SW TORREYA RIVER TRACE RD  
**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**           SANO, LUCILLE  
**Address**       238 SW COCONUT KEY WAY  
**City-State-Zip:** PORT ST LUCIE FL 34986**Title**           DIRECTOR  
**Name**           ST. JULIAN, KURT  
**Address**       352 SW COCONUT KEY WAY  
**City-State-Zip:** PORT ST LUCIE FL 34986**Title**           SECRETARY  
**Name**           GEARY, THERESA  
**Address**       322 SW TOMOKA SPRINGS  
**City-State-Zip:** PORT SAINT LUCIE FL 34986**Title**           DIRECTOR  
**Name**           ANGELA , LOREFICE  
**Address**       316 SW TOMOKA  
**City-State-Zip:** PORT SAINT 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****TREASURER****03/24/2021**

Electronic Signature of Signing Officer/Director Detail

Date