LAKEFOREST AT ST. LUCIE WEST HOMEOWNERS ASSOCIATION, INC.
249 S.W. LAKE FOREST WAY
PORT ST. LUCIE, FL 34986
772-878-1944

CERTIFICATE OF APPROVAL

WE, LAKEFOREST AT ST. LUCIE WEST HOMEOWNERS ASSOCIATION, INC., by and through its undersigned authorized officers, hereby consent and approve the transfer of No.____________________at LAKEFOREST AT ST. LUCIE WEST HOMEOWNERS ASSOCIATION, INC.
From:____

To:____
In witness whereof, the Association has caused these present to be executed this _______________day of __________________20_____.

Signed, sealed and

Delivered in the presence

____

Signature

____

Printed Name

LAKEFOREST AT ST. LUCIE WEST HOMEOWNERS ASSOCIATION, INC.

____

By: Signature and Title

____

Printed Name and Title

^^

State of Florida}
Ss
County of St. Lucie}

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgement, personally appeared__________________well known to me to be the ___________________of LAKEFOREST AT ST. LUCIE WEST HOMEOWNERS ASSOCIATION, INC., a Florida Corporation not for profit, named in the foregoing instrument and who acknowledged executing the same freely and voluntarily under authority vested in them by LAKEFOREST AT ST. LUCIE WEST HOMEOWNERS ASSOCIATION, INC.________________ Are both personally known to me and did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid, this ________day of ______________________, 20_____.

____

Signature Notary Public

____

Printed name