

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769659

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: LUCAYA VILLAGE II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066 US

**New Principal Place of Business:**

**Current Mailing Address:**

1310 AVENUE OF THE STARS  
COCONUTCREEK,, FL 33066 US

**New Mailing Address:**

FEI Number: 59-2031326      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRUCE BANDLER  
1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: COHEN, LENA  
Address: 2103 LUCAYA BEND APT C-3  
City-St-Zip: COCONUT CREEK, FL 33066

Title: VPD ( ) Delete  
Name: SCHWARTZBERG, PAULA  
Address: 2202 LUCAYA BEND, APT J-4  
City-St-Zip: COCONUT CREEK, FL 33066

Title: PD ( ) Delete  
Name: CONSIGLIO, SAM  
Address: 2101 LUCAYA BEND, APT. O-1  
City-St-Zip: COCONUT CREEK, FL 33066

Title: D ( ) Delete  
Name: NAMER, RUTH  
Address: 2102 LUCAYA BEND, APT L-2  
City-St-Zip: COCONUT CREEK, FL 33066

Title: D ( ) Delete  
Name: SHUSTER, BERNARD  
Address: 2201 LUCAYA LANE, APT C-1  
City-St-Zip: COCONUT CREEK, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: BASS, SELMA  
Address: 2201 LUCAYA LANE, APT D3  
City-St-Zip: COCONUT CREEK, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SAM CONSIGLIO

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04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date