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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00274 (3)
1. Corporation Name
LUCERNE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 3100 GULF SHORE BLVD. N. NAPLES FL 33940
Mailing Address: 1044 CASTELLO DR. 208 NAPLES FL 33940 US

3. Date Incorporated or Qualified: 12/09/1983
4. FEI Number: 59-2516607
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.
22 City & State: 23
24 Zip: 34103 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.
27 City & State: 28
29 Zip: 34103 Country: 30

9. Name and Address of Current Registered Agent
SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DRIVE #208
NAPLES FL 33940

10. Name and Address of New Registered Agent
81 Name: Childs, Alice
82 Street Address (P.O. Box Number is Not Acceptable): 3100 Gulfshore Drive No. #501
83
84 City: Naples, FL 85 Zip Code: 34103

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HUOT, ANDRE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	3100 GULF SHORE BLVD. #1		1.2 NAME
STREET ADDRESS	NAPLES FL		1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	SD STIVERS, MARY	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	3100 GULF SHORE BLVD. #6		2.2 NAME
STREET ADDRESS	NAPLES FL		2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	TD GUNTER, NANCY	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	3100 GULF SHORE BLVD. #104		3.2 NAME
STREET ADDRESS	NAPLES FL		3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE	PD ROBERT LYNCH	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME	3100 GULF SHORE BLVD. N. 601		4.2 NAME
STREET ADDRESS	NAPLES FL		4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE	VD ROBERTA BUCKLEY	<input type="checkbox"/> DELETE	5.1 TITLE
NAME	3100 GULF SHORE BLVD. N. 602		5.2 NAME
STREET ADDRESS	NAPLES FL		5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Childs, Alice	
1.3 STREET ADDRESS	3100 Gulfshore Drive No. #501	
1.4 CITY-ST-ZIP	Naples, FL 34103	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Katz, Albert	
3.3 STREET ADDRESS	3100 Gulfshore Blvd. N. #403	
3.4 CITY-ST-ZIP	Naples, FL 34103	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kumbier, John	
4.3 STREET ADDRESS	3100 Gulfshore Blvd. N. #402	
4.4 CITY-ST-ZIP	Naples, FL 34103	
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alice Childs 4/29/98

CR2E037 (10/97)