


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90079 037 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N00274**

1. Corporation Name  
**LUCERNE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 3100 GULF SHORE BLVD. N. NAPLES FL 34103 US	Mailing Address 1044 CASTELLO DR. 206 NAPLES FL 34103 US
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385862 - 90079 - 37



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/09/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2516607
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent

**SOUTHWEST PROPERTY MANAGEMENT**  
 1044 CASTELLO DRIVE #206  
 NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CHILDS, ALICE</b>	
STREET ADDRESS	<b>3100 GULF SHORE DR N #501</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>STIVERS, MARY</b>	
STREET ADDRESS	<b>3100 GULF SHORE BLVD. #6</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>KATZ, ALBERT</b>	
STREET ADDRESS	<b>3100 GULF SHORE BLVD N #403</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KUMBIER, JOHN</b>	
STREET ADDRESS	<b>3100 GULF SHORE BLVD N #402</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBERTA BUCKLEY</b>	
STREET ADDRESS	<b>3100 GULF SHORE BLVD N-602</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Childs, Alice</b>	
3.3 STREET ADDRESS	<b>3100 Gulfshore Blvd. N. #501</b>	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Katz, Albert</b>	
5.3 STREET ADDRESS	<b>3100 Gulfshore Blvd. N. #403</b>	
5.4 CITY-ST-ZIP	<b>Naples, FL</b>	
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 with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4/13/99** DAYTIME PHONE # \_\_\_\_\_

CR2E037 (1/98)