

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

0005147

**DOCUMENT # N00274**

1. Entity Name

**LUCERNE CONDOMINIUM ASSOCIATION, INC.**

05-01-2001 90080 044 \*\*\*\*61.25

Principal Place of Business

3100 GULF SHORE BLVD. N.  
 NAPLES FL 34103  
 US

Mailing Address

1044 CASTELLO DR.  
 206  
 NAPLES FL 34103  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2516607**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CHILDS, ALICE	
STREET ADDRESS	3100 GULF SHORE DR N #501	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOWICK, KAREN	
STREET ADDRESS	3100 GULF SHORE BLVD N #103	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RYAN, KAREN	
STREET ADDRESS	3100 GULF SHORE BLVD #303	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEARNS, BARBARA	
STREET ADDRESS	3100 GULF SHORES BLVD N #404	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KATZ, ALBERT	
STREET ADDRESS	3100 GULF SHORE BLVD N #403	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Ed Harvey		
STREET ADDRESS	3100 Gulf Shore Blvd. N. #204		
CITY-ST-ZIP	NAPLES, FL 34103		
TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Bob Lynch		
STREET ADDRESS	3100 Gulf shore Blvd. N. #601		
CITY-ST-ZIP	NAPLES, FL 34103		
TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Mary Stivers		
STREET ADDRESS	PO Box 7489		
CITY-ST-ZIP	NAPLES, FL 34101		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edward J. Harvey* EDWARD J. HARVEY 4-11-01 941-435-7768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)