


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90164 050 \*\*\*\*61.25

**DOCUMENT # N00274**

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



Principal Place of Business  
**C/O RESORT MGMT.  
 2685 HORSESHOE DR. S #215  
 NAPLES, FL 34104 US**


Mailing Address  
**C/O RESORT MGMT.  
 2685 HORSESHOE DR. S #215  
 NAPLES, FL 34104 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

40003000



04012008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2516607**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~VANDENBERG, JAY  
 3100 GULF SHORE BLVD N.  
 #304  
 NAPLES, FL 34103~~

7. Name and Address of New Registered Agent

Name **Gilles Richard**

Street Address (P.O. Box Number is Not Acceptable)  
**3100 Gulf Shore Blvd. N. #504**

City **Naples** FL Zip Code **34103**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gilles Richard V.P. *Gilles Richard* DATE **4/30/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUDSON, COURTENAY</b> <b>3100 GULF SHORE BLVD N. #603</b> <b>NAPLES, FL 34103</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KUZMA, MELISSA</b> <b>3100 GULF SHORE BLVD N #601</b> <b>NAPLES, FL 34103</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GILLIES, RICHARD</b> <b>3100 GULF SHORE BLVD N #504</b> <b>NAPLES, FL 34101</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CUNNINGHAM, JAMES</b> <b>3100 GULF SHORE BLVD N., #204</b> <b>NAPLES, FL 34103</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>VANDENBERG, JAY</b> <b>3100 GULF SHORE BLVD N. #304</b> <b>NAPLES, FL 34103</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Gilles Richard V.P. *Gilles Richard* DATE **4/30/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #