

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00274

FILED
Apr 15, 2009
Secretary of State

Entity Name: LUCERNE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2516607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLES, RICHARD
3100 GULF SHORE BLVD. N. #504
NAPLES, FL 34103 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: HUDSON, COURTENAY
Address: 3100 GULF SHORE BLVD N. #603
City-St-Zip: NAPLES, FL 34103

Title: S () Delete
Name: KUZMA, MELISSA
Address: 3100 GULF SHORE BLVD N #601
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: GILLIES, RICHARD
Address: 3100 GULF SHORE BLVD N #504
City-St-Zip: NAPLES, FL 34101

Title: P () Delete
Name: CUNNINGHAM, JAMES
Address: 3100 GULF SHORE BLVD N., #204
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: VANDENBERG, JAY
Address: 3100 GULF SHORE BLVD N. #304
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: KATZ, ALBERT
Address: 3100 GULF SHORE BLVD N #403
City-St-Zip: NAPLES, FL 34101

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

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

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: JAMES CUNNINGHAM

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date