2006 NOT-FOR-PROFI. CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State
05-26-2006 90015 002 ****61.25

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1. Entity Name
LUCERNE POINTE CONDOMINIUM "C" ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1700 N. UNIVERSITY DRIVE, SUITE 302 CORAL SPRINGS, FL 33071	1700 N. UNIVERSITY DRIVE, SUITE 302 CORAL SPRINGS, FL 33071

01172006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD. SUITE 309 City LAKE WORTH, FL 33463	G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD. SUITE 309 City & State LAKE WORTH, FL 33463
Zip / Country	Zip / Country

4. FEI Number 20-0948560 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $6.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROTHENBERG, LARRY ESQ. 815 CORAL RIDGE DR. CORAL SPRINGS, FL 33071	Name James N. Krivok P.A. Street Address (P.O. Box Number is Not Acceptable) 1518 Australian Ave S. #400 City West Palm Beach FL Zip Code 33409

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 James N Krivok 5/9/2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing statement) DATE

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MOSCOVITCH, LEWIS M 1700 N. UNIVERSITY DRIVE, SUITE 302 CORAL SPRINGS, FL 33071	☒ Delete	TITLE TR NAME TD STREET ADDRESS Mahler, Brenda CITY-ST-ZIP 4731 Lucerne Lakes Blvd #727 Lake Worth, FL 33467	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OVP MOSCOVITCH, CARLA M 1700 N. UNIVERSITY DRIVE, SUITE 302 CORAL SPRINGS, FL 33071	☒ Delete	TITLE P NAME PD STREET ADDRESS Genatt, Adrienne CITY-ST-ZIP 4723 Lucerne Lakes Blvd #640 Lake Worth, FL 33467	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST FRY, SUE 1700 N. UNIVERSITY DRIVE, SUITE 302 CORAL SPRINGS, FL 33071	☒ Delete	TITLE VP NAME VPD STREET ADDRESS Webb, Lydia CITY-ST-ZIP 4731 Lucerne Lakes Blvd #711 Lake Worth, FL 33467	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 5/9/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #