## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## FILED DOCUMENT # N03000008262 2006 OCT 30 PM 4: 41 LUCÉRNE POINTE CONDOMINIUM "C" ASSOCIATION. INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address G.R.S. MGMT ASSOC. INC G.R.S. MGMT ASSOC. INC 3900 WOODLAKE BLVD STE 309 3900 WOODLAKE BLVD STE 309 LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09112006 Chg-NP CR2E037 (4/06) City & State Applied For 4. FEI Number 20-0948660 City & State Not Applicable Źip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RURICOLE, JAMES N PT 1818 AUSTRALIAN AVE'S 400 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33409 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition ΤD TITLE TITLE Delete Mayblum, Lorraines Blud # 641 MAHLER, BRENDA NAME NAME STREET ADDRESS 4721 LUCERNE LAKES BLVD 727 STREET ADDRESS 472 LAKE WORTH, FL 33467 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE \_\_\_ Change TITLE GENATT, ADRIENNE NAME NAME 900080384829 4723 LUCERNE LAKES BLVD STE 642 STREET ADDRESS STREET ADDRESS 10/03/06--01015--002 \*\*81.25 LAKE WORTH, FL 33467 CITY-ST-ZIP CITY-ST-ZIP TITLE VPD ☐ Delete TITLE □ Change Addition NAME WEBB, LYDA NAME 4721 LUCERNE LAKES BLVD STE 711 STREET ADDRESS STREET ADDRESS LAKE WORTH, FL 33467 CITY-ST-ZIP CITY+ST-ZIP \_\_\_ Change \_\_\_ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY+ST-ZIP CITY-ST-ZIP \_\_\_ Change \_\_\_ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 otherwise empowered.

asa

SIGNATURE AND TYPED OR PRINTE!

SIGNATURE:

9-25-06 561641 8554