

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N06134					
1. Corporation Name LUCERNE AT WOODLANDS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 3219 THOMASVILLE RD 18D TALLAHASSEE FL 32312			Mailing Address 3219 THOMASVILLE RD 18D TALLAHASSEE FL 32312		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1984	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2589866	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent POWERS, JIM 3219 THOMASVILLE ROAD #18D TALLAHASSEE FL 32312			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
PD POWERS, JIM 3219 THOMASVILLE ROAD, #18D TALLAHASSEE FL			Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
V SHACKELFORD, LYNDIA 3219 THOMASVILLE ROAD 1A TALLAHASSEE FL			Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
T BREWER, DURWARD 3219 THOMASVILLE ROAD, #18B TALLAHASSEE FL 32312			Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
D CHERRY, REDFORD 3219 THOMASVILLE ROAD, #18C TALLAHASSEE FL			Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
D RAYMOND, ROSE M 3219 THOMASVILLE ROAD, #17A TALLAHASSEE FL			Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
D SARTHORY, JEANETTE 3219 THOMASVILLE ROAD, #18D TALLAHASSEE FL 32312			Change Addition		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Durward N. Brewer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/99

385-2918

CR2E037 (11/98)

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