

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90190 026 *****61.25

DOCUMENT # N06134

1. Entity Name
**LUCERNE AT WOODLANDS HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**3219 THOMASVILLE RD
19A
TALLAHASSEE, FL 32312**

Mailing Address
**3219 THOMASVILLE RD
19A
TALLAHASSEE, FL 32312**

94070025



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2589866

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BREWER, DURWARD N
3219 THOMASVILLE ROAD
#19A
TALLAHASSEE, FL 32312**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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
**PTD
BREWER, DURWARD
3219 THOMASVILLE ROAD, #19A
TALLAHASSEE, FL 32312** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SARTHORY, JEANETTE
3219 THOMASVILLE ROAD, #19B
TALLAHASSEE, FL 32312** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MICHAEL KEMP
3315 Aqua Ridge way
Tall. FL. 32309** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MORGAN, WENDY
3219 THOMASVILLE RD 1A
TALLAHASSEE, FL 32308** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARINO, CHRIS
3219 THOMASVILLE RD., 17D
TALLAHASSEE, FL 32308** ☐ 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 exemption stated in Section 119.07(3)(i), 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:

Durward Brewer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

488-9622

Daytime Phone #