

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90415 027 ****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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2589866	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BREWER, DURWARD N 3219 THOMASVILLE ROAD #19A TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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: <u>Durward Brewer</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEMP, MICHAEL 3315 AQUA RIDGE WAY TALLAHASSEE, FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORGAN, WENDY 3219 THOMASVILLE RD 1A TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARINO, CHRIS 3219 THOMASVILLE RD., 17D TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Riddle Chad 3219 Thomasville Rd, 2C Tallahassee, FL 32308	
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: <u>Durward Brewer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4/29/05</u> Daytime Phone #: <u>880-488-9622</u>		