FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

and 4, 1996 Lyon) 969 - 1809

1996

DOCUMENT #1. Corporation Name

N13205

(2)

LUCERNE PARK CONDOMINIUM ASSOCIATION NO. SEVEN,

Principal Plac	ce of Business	Mailing Address				
·		•	_			
3344 PERIMETER DRIVE LAKE WORTH FL 33467		3344 PERIMETER DRIVE LAKE WORTH FL 33467				
					3. Date Incorporated or Qualified 01/28/1986	3a. Date of Last Report 01/27/1995
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
State Act H cto		 	26		59-2772173	Not Applicable
Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ite	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	28		Trust Fund Contribution Added to Fees	
Zip Country 25		Zφ			8. This corporation has liability for intangible tax under s. 199.032,	
24	9. Name and Address of Curre	29 ant Registered Agent]30		Florida Statutes 10. Name and Address of New Re	Yes No
			8	Name	10. Hallo alla Paaroo oi How H	-giotorea Agent
MASSIE	en, albert		8:	Chaot Ada	lress (P.O. Box Number is Not Acceptable	-\
	ERIMETER DR.		84	Street Acc	liress (P.O. Box Number is Not Acceptable	2)
	WORTH FL 33467		8:	3		
			84	City		85 Zip Code
						FL
or registe	ered agent, or both, in the State of Flo	rida. Such change was a uthori	zed by the cor	named corpo poration's boa	pration submits this statement for the purp and of directors. I hereby accept the appo	ose of changing its registered office introduct as registered agent. Lam
familiär w	vith, and accept the obligations of, Sec	ction 617.0503, Florida Statute	is.		and a successive violety decept the appe	manoni da registorea agonti, y am
SIGNATURE	Signature, typed or printed name of registered age	and the desirable and the second seco	1075 D - 011 2 A -			
12.		ND DIRECTORS	13.	int signature redicir	ed when reinstating? ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
TITLE	VDT	DELETE	1.1 TITLE			Change Addition
NAME	LUCCHESI, FRANK C.		1.2 NAME			
STREET ADDRESS	I ********************************		1.3 STREE	1 ADDRESS		
CHTY - ST - ZIP	LAKE WORTH FL		1.4 CITY-	ST-ZIP		
TITLE	SD					☐ Change ☐ Addition
NAME	DE LIZZA, PHYLLIS		2.2 NAME			
STREET ADDRESS	0000 1 E. M. E. E. I. E. I.		2 3 STREE	T ADDRESS		
CITY - ST - ZIP	LAKE WORTH FL		2 4 CITY+ST+ZIP			
TITLE	PD	DELETE	3 1 TITLE			Change Addition
NAME STREET ADDRESS	COCCHIOLA, MARCO 3342 PERIMETER DRIVE		3.2 NAME			
City-St-ZiP	LAKE WORTH FL		3.4. CITY	T ADDRESS		
TITLE	DAL HOMITE	DELETE		31-21		Change Addition
NAME		_	4 1 THTLE 4 2 NAM			
STREET ADDRESS				F ADDRESS		
C-TY - ST - 7-P			4.4 CITY-	ST-ZIP		
TITLE	DELETE		51 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			53 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 City-	ST-ZIP		
TITLE			61 TITLE			Change Addition
NAME			62 NAME			
STREET ADDRESS				F ADDRESS		
CITY-ST-ZIP	by certify that the information supplied	Lwith this filing is valuatarily for	6 4 CITY -		for the exemption stated in Section 119.0	7(Q)/L) Florida Statistas 14 des
certify the oath; that	at the information indicated on this anr	nual report or supplemental and oration or the receiver or truste	nual report is tr ee empowered	ue and accur to execute th	for the exemption stated in Section 119.0 atte and that my signature shall have the sate and that my signature by Chapter 617, Floring report as required by Chapter 617, Floring Report 19.0	ame legal effect as if made under