


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90035 011 ****61.25

DOCUMENT # N13205			
1. Entity Name LUCERNE PARK CONDOMINIUM ASSOCIATION NO. SEVEN, INC.			
Principal Place of Business 3343 PERIMETER DR BLDG 14 GREENACRES FL 33467		Mailing Address 3343 PERIMETER DR BLDG 14 GREENACRES FL 33467	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

4. FEI Number 59-2772173		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <i>Aronson, Dorothea</i> <i>FALDMAN, PEARL</i> 3338 3341 PERIMETER DR BLDG 14 LAKE WORTH FL 33467		7. Name and Address of New Registered Agent	
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 _____		DATE _____	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature is required when reinstating)</small>	

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZWEIBEL, ANN	NAME	
STREET ADDRESS	3331 PERIMETER DR	STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL 33467	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARONSON, DOROTHEA	NAME	
STREET ADDRESS	3338 PERIMETER DR	STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL 33467	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIDER, ELAINE	NAME	
STREET ADDRESS	3326 PERIMETER DR BLDG 15	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	FELDMAN, PEARL
STREET ADDRESS		STREET ADDRESS	3341 PERIMETER DRIVE
CITY-ST-ZIP		CITY-ST-ZIP	GREENACRES, FL 33467
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	SATTIN, MARILYN
STREET ADDRESS		STREET ADDRESS	3330 PERIMETER DRIVE
CITY-ST-ZIP		CITY-ST-ZIP	GREENACRES, FL 33467
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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 or other like empowered.

SIGNATURE: *Ann Zweibel* 2/26/08