

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90017 009 ****61.25

DOCUMENT # N15240 1. Entity Name LUCERNE PARK CONDOMINIUM ASSOCIATION NO. ELEVEN, INC.					
Principal Place of Business C/O GEORGE ROTHBART 3229 PERIMETER DRIVE GREENACRES FL 33467			Mailing Address C/O GEORGE ROTHBART 3229 PERIMETER DRIVE GREENACRES FL 33467		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2826445 ☐ Applied For ☐ Not Applicable	
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		
ROTHBART, GEORGE 3229 PERIMETER DR. GREENACRES FL 33467			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 renewing) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	TD	☐ Delete	TITLE	SD	☐ Change ☒ Addition
NAME	LEYTON, LEONA		NAME	SHIRLEY LAZARUS	
STREET ADDRESS	3231 PERIMETER DRIVE		STREET ADDRESS	3203 PERIMETER DRIVE	
CITY - ST - ZIP	GREENACRES FL 33467		CITY - ST - ZIP	GREENACRES, FL 33467	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROTHBART, GEORGE		NAME		
STREET ADDRESS	3229 PERIMETER DRIVE		STREET ADDRESS		
CITY - ST - ZIP	GREENACRES FL 33467		CITY - ST - ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GROUBERT, JUDITH		NAME		
STREET ADDRESS	3217 PERIMETER DRIVE		STREET ADDRESS		
CITY - ST - ZIP	GREENACRES FL 33467		CITY - ST - ZIP		
TITLE	VPD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	KAHN, GLORIA		NAME		
STREET ADDRESS	3201 PERIMETER DR		STREET ADDRESS		
CITY - ST - ZIP	GREENACRES FL 33467		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 all other like empowered.					
SIGNATURE: <u>LEONA LEYTON</u> 2/1/06 561-967-5019					