

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 16 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N18875 (7)**  
1. Corporation Name  
**LUCERNE GREENS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>4697 LUCERNE LAKES BLVD E. LAKE WORTH FL 33467-3912</b>	Mailing Address <b>4697 LUCERNE LAKES BLVD.E. LAKE WORTH FL 33467-3912</b>
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3. Date Incorporated or Qualified <b>01/23/1987</b>		
4. FEI Number <b>59-2787572</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**CAPLAN, LOUIS  
500 AUSTRALIAN AVE., STE. #600  
W. PALM BEACH FL 33401**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<b>MORRISON, WILLIAM</b> 4691 LUCERNE LAKES BLVD., #104 LAKE WORTH FL 33467	<input type="checkbox"/> DELETE	
TITLE <b>VPD</b>	<b>RAO, JOHN</b> 4706 LUCERNE LAKE BLVD., #206 LAKE WORTH FL 33467	<input type="checkbox"/> DELETE	
TITLE <b>SD</b>	<b>GLICKMAN, LESTER</b> 4699 LUCERNE LAKES BLVD., #202 LAKE WORTH FL 33467	<input checked="" type="checkbox"/> DELETE	
TITLE <b>TD</b>	<b>SOLDANO, ALICE</b> 4702 LUCERNE LAKES BLVD., #204 LAKE WORTH FL 33467	<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SD ANGELO CONA</b>
3.3 STREET ADDRESS	<b>4693 LUCERNE LAKES BLVD #105</b>
3.4 CITY-ST-ZIP	<b>LAKE WORTH, FL 33467</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D MORTON COHEN</b>
5.3 STREET ADDRESS	<b>4717 LUCERNE LAKES BLVD #202</b>
5.4 CITY-ST-ZIP	<b>LAKE WORTH, FL 33467</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William B. Morrison **WM D. MORRISON 2.5.98**

CFR2037 (10/97)