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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18875

1. Corporation Name
LUCERNE GREENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 4697 LUCERNE LAKES BLVD.E. LAKE WORTH FL 33467-3912	Mailing Address 4697 LUCERNE LAKES BLVD.E. LAKE WORTH FL 33467-3912
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/23/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2787572
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CAPLAN, LOUIS 500 AUSTRALIAN AVE., STE. #600 W. PALM BEACH FL 33401		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP MORRISON, WILLIAM <input type="checkbox"/> DELETE	1.1 TITLE	<i>PHYS</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, WILLIAM	1.2 NAME	<i>William Morrison</i>
STREET ADDRESS	4691 LUCERNE LAKES BLVD., #104	1.3 STREET ADDRESS	4691 LUCERNE LAKES BLVD
CITY-ST-ZIP	LAKE WORTH FL 33467	1.4 CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	VPD RAO, JOHN <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAO, JOHN	2.2 NAME	<i>John Rao</i>
STREET ADDRESS	4706 LUCERNE LAKE BLVD., #206	2.3 STREET ADDRESS	4706 Lucerne Lakes Blvd. - 206
CITY-ST-ZIP	LAKE WORTH FL 33467	2.4 CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	SD CONA, ANGELO <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONA, ANGELO	3.2 NAME	<i>Angelo Cona</i>
STREET ADDRESS	4693 LUCERNE LAKES BLVD, #105	3.3 STREET ADDRESS	4693 Lucerne Lakes Blvd E.
CITY-ST-ZIP	LAKE WORTH FL 33467	3.4 CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	TD SOLDANO, ALICE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLDANO, ALICE	4.2 NAME	<i>Alice Soldano</i>
STREET ADDRESS	4702 LUCERNE LAKES BLVD., #204	4.3 STREET ADDRESS	4702 Lucerne Lakes Blvd E
CITY-ST-ZIP	LAKE WORTH FL 33467	4.4 CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	SD COHEN, MORTON <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, MORTON	5.2 NAME	<i>Mort Cohen</i>
STREET ADDRESS	4717 LUCERNE LAKES BLVD, #202	5.3 STREET ADDRESS	4696 LUCERNE LAKES BLVD
CITY-ST-ZIP	LAKE WORTH FL 33467	5.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	SD JOHN CHINOSI APT-204 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN CHINOSI	6.2 NAME	<i>John Chinosi</i>
STREET ADDRESS	4706 LUCERNE LAKES BLVD	6.3 STREET ADDRESS	4706 LUCERNE LAKES BLVD.
CITY-ST-ZIP	LAKE WORTH FL 33467	6.4 CITY-ST-ZIP	LAKE WORTH FL 33467

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, with all other like empowered.

SIGNATURE: *Alice Soldano* DATE REQUIRED: *1/26/99*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)