

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18875

1. Entity Name

LUCERNE GREENS CONDOMINIUM ASSOCIATION, INC.

FILED

00 MAR -6 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2787572	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME MORRISON, WILLIAM	
STREET ADDRESS 4691 LUCERNE LAKES BLVD., #104	<input type="checkbox"/>
CITY-ST-ZIP LAKE WORTH FL 33487	
TITLE VP	<input type="checkbox"/> Delete
NAME RAO, JOHN	
STREET ADDRESS 4706 LUCERNE LAKE BLVD., #208	<input type="checkbox"/>
CITY-ST-ZIP LAKE WORTH FL 33467	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME CONA, ANGELO	
STREET ADDRESS 4693 LUCERNE LAKES BLVD, #105	<input type="checkbox"/>
CITY-ST-ZIP LAKE WORTH FL 33467	
TITLE T	<input checked="" type="checkbox"/> Delete
NAME SOLDANO, ALICE	
STREET ADDRESS 4702 LUCERNE LAKES BLVD., #204	<input type="checkbox"/>
CITY-ST-ZIP LAKE WORTH FL 33467	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME COHEN, MORTON	
STREET ADDRESS 4717 LUCERNE LAKES BLVD, #202	<input type="checkbox"/>
CITY-ST-ZIP LAKE WORTH FL 33467	
TITLE D	<input type="checkbox"/> Delete
NAME CHINOS, JOHN	
STREET ADDRESS 4706 LUCERNE LAKES BLVD #204	<input type="checkbox"/>
CITY-ST-ZIP LAKE WORTH FL 33467	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *Paul* 1-31-00 561-641-899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #