

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

0037569

DOCUMENT # N18875

1. Entity Name

LUCERNE GREENS CONDOMINIUM ASSOCIATION, INC.

03-24-2002 90031 045 ****61.25

Principal Place of Business Mailing Address
 4697 LUCERNE LAKES BLVD.E.
 LAKE WORTH FL 33467-3912 4697 LUCERNE LAKES BLVD.E.
 LAKE WORTH FL 33467-3912

4 2 0 3 3 3



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-2787572 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Name: **DICKER, EDWARD**
 Street Address: **1818 AUSTRALIAN AVE. SOUTH**
Suite 1400
West Palm Beach, FL 33409
 City: **West Palm Beach** State: **FL** Zip Code: **33409**

7. Name and Address of New Registered Agent
 Name: **DICKER, EDWARD**
 Street Address: **1818 AUSTRALIAN AVE SOUTH**
Suite 1400
 City: **West Palm Beach** State: **FL** Zip Code: **33409**

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: **Edward Dicker** **Edmund Dicker** **3/5/02**
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	PT	<input type="checkbox"/> Delete
NAME	COHEN, MORT	
STREET ADDRESS	4696 LUCERN LAKES BLVD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RAO, JOHN	
STREET ADDRESS	4706 LUCERNE LAKE BLVD., #206	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	S	<input type="checkbox"/> Delete
NAME	MULTZ, RHODA	
STREET ADDRESS	4689 LUCERN LAKES BLVD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHINOSI, JOHN	
STREET ADDRESS	4706 LUCERN LAKES BLVD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOGDONOFF, LEONARD	
STREET ADDRESS	4717 LUCERN LAKES BLVD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN RAO	
STREET ADDRESS	4706 Lucerne Lakes Blvd. 206	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHINOSI, JOHN	
STREET ADDRESS	4706 Lucerne Lakes	
CITY-ST-ZIP	LAKE WORTH, FL 33467 #208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fleming, MARTIN	
STREET ADDRESS	4705 LUCERNE LAKES BLVD 202	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYES, PATRICK	
STREET ADDRESS	4691 Lucerne Lakes Blvd 205	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Rhoda Multz** **RHODA MULTZ** **2-78-02** **561-641-8926**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)