

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90006 043 ****61.25

DOCUMENT # N18875

1. Entity 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**

54007058



2. Principal Place of Business

3. Mailing Address

2994 Jog Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

01272004

Chg-NP

CR2E037 (10/03)

City & State

City & State

Greenacres, FL

4. FEI Number

59-2787572

Applied For

Not Applicable

Zip

Country

Zip

Country

33467

USA

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

**DICKER, EDWARD
1818 AUSTRALIAN AVENUE SOUTH
SUITE 1400
WEST PALM BEACH, FL 33409**

Name
Scot A. Gerrish

Street Address (P.O. Box Number is Not Acceptable)

410 CMC Management, Inc.

2994 Jog Road, Suite B

City

Greenacres

FL

Zip Code

33467

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

Scot A. Gerrish

02/13/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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 ☐ Delete
NAME **P**
STREET ADDRESS **MATHEWS, DOROTHY**
CITY-ST-ZIP **4911 LUCERNE LAKES BLVD #104
LAKE WORTH, FL 33467**

TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS **4711 Lucerne Lakes Blvd., #104**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **CHINOSI, JOHN**
CITY-ST-ZIP **4706 LUCERNE LAKES, #208
LAKE WORTH, FL 33467**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **DONAI, SIDNEY**
CITY-ST-ZIP **4707 LUCERNE LAKES BLVD #103
LAKE WORTH, FL 33467**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **FLEMING, MARTIN**
CITY-ST-ZIP **4705 LUCERNE LAKES BLVD, #202
LAKE WORTH, FL 33467**

TITLE ☐ Change ☒ Addition
NAME **TD**
STREET ADDRESS **Scymour Kirschner**
CITY-ST-ZIP **4702 Lucerne Lakes Blvd., #203
Lake Worth, FL 33467**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **RAO, JOHN**
CITY-ST-ZIP **4706 LUCERNE LAKES BLVD #206
LAKE WORTH, FL 33467**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Theresa Dommer Pussiner**
CITY-ST-ZIP **4688 Lucerne Lakes Blvd., #203
Lake Worth, FL 33467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(f), 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: *Dorothy Matthews*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-2004

**(561)
641-1016**

Date

Daytime Phone #