


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90864 045 ****61.25

DOCUMENT # N18875
 1. Entity Name
 LUCERNE GREENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 2950 JOG RD
 GREENACRES, FL 33467

Mailing Address
 2950 JOG RD
 GREENACRES, FL 33467

00046080



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04172007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 59-2787572 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DICKER, EDWARD ESQ.
 1818 AUSTRALIAN AVE S STE 400
 W PALM BCH, FL 33409

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 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, 2007

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

Make check payable to Florida Department of State

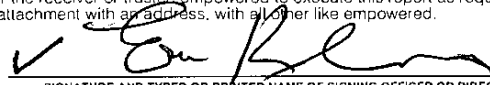
10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GENTILE, WILLIAM P	
STREET ADDRESS	4710 LUCERNE LAKES BLVD. #204	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ILLUZZI, JOHN	
STREET ADDRESS	4704 LUCERNE LAKES BLVD. #206	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KIDD, TIMOTHY	
STREET ADDRESS	4699 LUCERNE LAKES BLVD. #101	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIRSCHNER, SEYMOUR	
STREET ADDRESS	4702 LUCERNE LAKES BLVD., #203	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MATTHEWS, DOROTHY	
STREET ADDRESS	4711 LUCERNE LAKES BLVD. #104	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kleinert, Eric	
STREET ADDRESS	4693 Lucerne Lakes Blvd. #105	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	miele, Harriet	
STREET ADDRESS	4704 Lucerne Lakes Blvd. #102	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clancy, Timothy	
STREET ADDRESS	4693 Lucerne Lakes Blvd. #202	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dommer, Theresa	
STREET ADDRESS	4688 Lucerne Lakes Blvd. #203	
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 exemptions contained in Chapter 119, 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:  **04/17/07** **641-1014**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #