

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25046 (6)

1. Corporation Name

LUCERNE PARK CONDOMINIUM ASSOCIATION NO. TWENTY-SEVEN, INC.



Principal Place of Business

Mailing Address

3066 LUCERNE PARK DRIVE
GREENACRES FL 33467

3066 LUCERNE PARK DRIVE
GREENACRES FL 33467

3. Date Incorporated or Qualified **02/25/1988** 3a. Date of Last Report **03/08/1995**

| | | | | | | | |
|--------------------------------|--|---------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 65-0074958 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23 | | 28 | | 24 | | 25 | |
| Zip | | Country | | Zip | | Country | |
| 24 | | 25 | | 29 | | 30 | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTES, RALPH
3066 LUCERNE PARK DR.
GREENACRES FL 33467

| | | |
|----|--|-------------|
| 81 | Name | SAME |
| 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHIND, IRVING | 1.2 NAME | MATTES, RALPH |
| STREET ADDRESS | 3080 LUCERNE PARK DR | 1.3 STREET ADDRESS | 3066 LUCERNE PARK DR. |
| CITY-ST-ZIP | LAKE WORTH FL | 1.4 CITY-ST-ZIP | GREENACRES, FL 33467 |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SALKIN, MERYL | 2.2 NAME | SHIND, IRVING |
| STREET ADDRESS | 3205 JOG PARK DRIVE | 2.3 STREET ADDRESS | 3080 LUCERNE PARK DR. |
| CITY-ST-ZIP | GREENACRES FL 33467 | 2.4 CITY-ST-ZIP | GREENACRES, FL 33467 |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAYE, HERB | 3.2 NAME | RENN, BENNY |
| STREET ADDRESS | 3074 LUCERNE PARK DRIVE | 3.3 STREET ADDRESS | 3064 LUCERNE PARK DR. |
| CITY-ST-ZIP | GREENACRES FL 33467 | 3.4 CITY-ST-ZIP | GREENACRES, FL 33467 |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATTES, RALPH | 4.2 NAME | MATTES, RALPH |
| STREET ADDRESS | 3066 LUCERNE PARK DR | 4.3 STREET ADDRESS | 3066 LUCERNE PARK DR. |
| CITY-ST-ZIP | LAKE WORTH FL | 4.4 CITY-ST-ZIP | GREENACRES, FL 33467 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RENN, BEN | 5.2 NAME | GALPERIN, GABRIEL |
| STREET ADDRESS | 3064 LUCERNE PARK DR. | 5.3 STREET ADDRESS | 3084 LUCERNE PARK DR. |
| CITY-ST-ZIP | LAKE WORTH FL | 5.4 CITY-ST-ZIP | GREENACRES, FL 33467 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIOVINAZZO, ROCCO | 6.2 NAME | KAYE, HERB |
| STREET ADDRESS | 3201 109 PARK RD | 6.3 STREET ADDRESS | 3074 LUCERNE PARK DR. |
| CITY-ST-ZIP | LAKE WORTH FL | 6.4 CITY-ST-ZIP | GREENACRES, FL 33467 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Ralph Mattes* **RALPH MATTES** 2/29/96 407 642 0595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)