


FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90038 041 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25046

1. Corporation Name
LUCERNE PARK CONDOMINIUM ASSOCIATION NO. TWENTY-SEVEN, INC.

Principal Place of Business 3066 LUCERNE PARK DRIVE GREENACRES FL 33467	Mailing Address 3066 LUCERNE PARK DRIVE GREENACRES FL 33467
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2. Principal Place of Business 21 3074 Lucerne Park Drive Suite, Apt. #, etc. 22 Bldg. # 60 City & State 23 Greenacres FL Zip Country 24 33467-2019 25	2a. Mailing Address 26 3074 Lucerne Park Drive Suite, Apt. #, etc. 27 Bldg. # 60 City & State 28 Greenacres FL Zip Country 29 33467-2019 30	3. Date Incorporated or Qualified 02/25/1988	4. FEI Number 65-0074958	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent MATTES, RALPH 3066 LUCERNE PARK DR. GREENACRES FL 33467	10. Name and Address of New Registered Agent 81 Name Kaye, Herb 82 Street Address (P.O. Box Number is Not Acceptable) 3074 Lucerne Park Drive 83 Bldg. # 60 84 City Greenacres FL 85 Zip Code 33467-2019
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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: Herb Kaye DATE: January 4, 1999

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME MATTES, RALPH STREET ADDRESS 3066 LUCERN PARK DR CITY-ST-ZIP GREENACRES FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME Kaye, Herb 1.3 STREET ADDRESS 3074 Lucerne Park Drive # 60 1.4 CITY-ST-ZIP Greenacres, FL 33467-2019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME SHIND, IRVING STREET ADDRESS 3080 LUCERNE PARK DR CITY-ST-ZIP GREENACRES FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME GIOVINAZZO, ROCCO STREET ADDRESS 3201 JOG PARK DR CITY-ST-ZIP GREENACRES FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME MATTES, RALPH STREET ADDRESS 3066 LUCERNE PARK DR CITY-ST-ZIP GREENACRES FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD 4.2 NAME Kaye, Herb 4.3 STREET ADDRESS 3074 Lucerne Park Drive # 60 4.4 CITY-ST-ZIP Greenacres, FL 33467-2019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GALPERIN, GABRIEL STREET ADDRESS 3084 LUCERN PARK DR CITY-ST-ZIP GREENACRES FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME KAY, HERB STREET ADDRESS 3074 LUCERN PARK DR CITY-ST-ZIP GREENACRES FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Herb Kaye DATE: January 4, 1999 (561) 642-6563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)