

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25046

1. Entity Name

LUCERNE PARK CONDOMINIUM ASSOCIATION NO. TWENTY-SEVEN

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90209 009 ****61.25

Principal Place of Business 3074 LUCERNE PARK DR BLDG 60 GREENACRES FL 33467 -2019 US	Mailing Address 3074 LUCERNE PARK DR BLDG 60 GREENACRES FL 33467-2019 US
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0074958	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAYE, HERB
3074 LUCERNE PARK DR
BLDG 60
GREENACRES FL 33467 -2019

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.

SIGNATURE **HERB KAYE, PRESIDENT**

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

Herb Kaye

(NOTE: Registered Agent signature required when reinstating)

1-5-00

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	PD	<input type="checkbox"/> Delete
NAME	KAYE, HERB	
STREET ADDRESS	3074 LUCERNE PARK DR #60	
CITY-ST-ZIP	GREENACRES FL 33487-2019	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHIND, IRVING	
STREET ADDRESS	3080 LUCERNE PARK DR	
CITY-ST-ZIP	GREENACRES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GIOVINAZZO, ROCCO	
STREET ADDRESS	3201 JOG PARK DR	
CITY-ST-ZIP	GREENACRES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KAYE, HERB	
STREET ADDRESS	3074 LUCERNE PARK DR. #60	
CITY-ST-ZIP	GREENACRES FL 33467-2019	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALPERIN, GABRIEL	
STREET ADDRESS	3084 LUCERN PARK DR	
CITY-ST-ZIP	GREENACRES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAY, HERB	
STREET ADDRESS	3074 LUCERN PARK DR	
CITY-ST-ZIP	GREENACRES FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLEASE MAKE CORRECTIONS	
STREET ADDRESS		
CITY-ST-ZIP	33467-2019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33467	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYE	
STREET ADDRESS		
CITY-ST-ZIP	33467-2019	

CF2E037 (9/99)

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: **HERB KAYE, PRESIDENT** **1/5/00** **(561-642-6563)**

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