

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90030 039 \*\*\*\*61.25

**DOCUMENT # N25046**

1. Entity Name

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

Principal Place of Business

Mailing Address

**3074 LUCERNE PARK DR  
 BLDG 60  
 GREENACRES FL 33467  
 US:**

**3074 LUCERNE PARK DR  
 BLDG 60  
 GREENACRES FL 33467  
 US**

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

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	KAYE, HERB	
STREET ADDRESS	3074 LUCERNE PARK DR #60	
CITY-ST-ZIP	LAKE WORTH FL 33467-2019	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHIND, IRVING	
STREET ADDRESS	3080 LUCERNE PARK DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
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	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAYE, HERB	
STREET ADDRESS	3074 LUCERN PARK DR	
CITY-ST-ZIP	LAKE WORTH FL 33467-2019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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* Herb Kaye, Pres.

1/9/02 (561) 642-6563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)