

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90118 042 ****61.25



DOCUMENT # N25046
 1. Entity Name
LUCERNE PARK CONDOMINIUM ASSOCIATION NO. TWENTY-SEVEN, INC.

Principal Place of Business: 3074 LUCERNE PARK DR, BLDG 60, GREENACRES FL 33467, US
 Mailing Address: 3074 LUCERNE PARK DR, BLDG 60, GREENACRES FL 33467, US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



1st MOORE CR2E037 (10/06)

4. FEI Number: **65-0074958** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
KAYE, HERB
3074 LUCERNE PARK DR
BLDG 60
GREENACRES FL 33467

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: KAYE, HERB STREET ADDRESS: 3074 LUCERNE PARK DR #60 CITY-ST-ZIP: GREENACRES FL 33467-2019	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: SHIND, IRVING STREET ADDRESS: 3080 LUCERNE PARK DR CITY-ST-ZIP: GREENACRES FL 33467	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: KAYE, HERB STREET ADDRESS: 3074 LUCERNE PARK DR. #60 CITY-ST-ZIP: GREENACRES FL 33467-2019	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HAMMOND, JAMES STREET ADDRESS: 3084 LUCERNE PARK DR CITY-ST-ZIP: GREENACRES FL 33467	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: KAYE, HERB STREET ADDRESS: 3074 LUCERNE PARK DR CITY-ST-ZIP: GREENACRES FL 33467-2019	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: KIRSCHNER, JOSEPH STREET ADDRESS: 3066 LUCERNE PARK DRIVE #59 CITY-ST-ZIP: GREENACRES FL 33467	<input checked="" type="checkbox"/> Deleted Deceased	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Handwritten Signature]* **1-3007** **561-642-6563**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #