

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90038 035 ****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 #
2328 S. CONGRESS AVENUE

3. Mailing Address
2328 S. CONGRESS AVENUE

Suite, Apt. #, etc.
SUITE 2A

Suite, Apt. #, etc.
SUITE 2A

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

4. FEI Number
65-0074958

Applied For
 Not Applicable

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



02062008 Chg-NP CR2E037 (12/06)

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 **JAMES HAMMOND**

Street Address (P.O. Box Number is Not Acceptable)
3084 LUCERNE PARK DRIVE

City **GREENACRES, FL 33467**

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 JAMES K. HAMMOND (Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE 3/8/08

Filing Fee is \$61.25 Due by May 1, 2008

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	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAYE, HERB		NAME	GERBOC, JOHN	
STREET ADDRESS	3074 LUCERNE PARK DR #60		STREET ADDRESS	3066 LUCERNE PARK DRIVE	
CITY-ST-ZIP	GREENACRES, FL 334672019		CITY-ST-ZIP	GREENACRES, FL 33467	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIND, IRVING		NAME		
STREET ADDRESS	3080 LUCERNE PARK DR		STREET ADDRESS		
CITY-ST-ZIP	GREENACRES, FL 33467		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAYE, HERB		NAME	KAYE, JACKIE	
STREET ADDRESS	3074 LUCERNE PARK DR. #60		STREET ADDRESS	3076 LUCERNE PARK DRIVE	
CITY-ST-ZIP	GREENACRES, FL 334672019		CITY-ST-ZIP	GREENACRES, FL 33467	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND, JAMES		NAME	HAMMOND, JAMES	
STREET ADDRESS	3084 LUCERNE PARK DR		STREET ADDRESS	3084 LUCERNE PARK DRIVE	
CITY-ST-ZIP	GREENACRES, FL 33467		CITY-ST-ZIP	GREENACRES, FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYE, HERB		NAME		
STREET ADDRESS	3074 LUCERN PARK DR		STREET ADDRESS		
CITY-ST-ZIP	GREENACRES, FL 334672019		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: JAMES K. HAMMOND (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE: 3/8/08

DAYTIME PHONE #: 561-964-1198