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Jan 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N26066 (3)

1. Corporation Name

LUCERNE PARK CONDOMINIUM ASSOCIATION NO. TWELVE, INC

Principal Place of Business

Mailing Address

3417 JOG PARK DRIVE  
LAKE WORTH FL 33467  
US

3417 JOG PARK DRIVE  
LAKE WORTH FL 33467-2039  
US



3. Date Incorporated or Qualified  
04/25/1988

3a. Date of Last Report  
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
65-0089586

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSEN, JOSEPH  
3447 JOG PARK DR.  
GREENACRES FL 33467

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, JOSEPH	1.2 NAME	
STREET ADDRESS	3447 JOG PARK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALLON, MARY	2.2 NAME	
STREET ADDRESS	3421 JOG PARK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIRNBAUN, LOUIS	3.2 NAME	
STREET ADDRESS	3445 JOG PARK DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	33467
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE, DAVID	4.2 NAME	
STREET ADDRESS	3417 JOG PARK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	33467
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'IPPOLITO, JOSEPHINE	5.2 NAME	
STREET ADDRESS	3427 JOG PARK DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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.

SIGNATURE:

David Rose DAVID ROSE

1/8/97

561-967-9866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0044079

CR2E037 (9/96)