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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26066

1. Corporation Name
LUCERNE PARK CONDOMINIUM ASSOCIATION NO. TWELVE, INC

Principal Place of Business 3417 JOG PARK DRIVE LAKE WORTH FL 33467 US	Mailing Address 3417 JOG PARK DRIVE LAKE WORTH FL 33467 US
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* 2 272812-90120-30



2. Principal Place of Business 21 <i>3425 Jog Park Dr</i> Suite, Apt. #, etc.	2a. Mailing Address 26 <i>3425 Jog Park Dr</i> Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/25/1988
22 City & State 23 <i>Lake Worth, Fla</i>	27 City & State 28 <i>Lake Worth Fla</i>	4. FEI Number 65-0089586
24 <i>33467</i> 25 <i>U.S.</i>	29 <i>33467</i> 30 <i>U.S.</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent ROSEN, JOSEPH 3447 JOG PARK DR. GREENACRES FL 33487		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent	
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBB, PATRICIA M	4.2 NAME	Nierenberg, MARTHA
STREET ADDRESS	3443 JOG PRK DR	4.3 STREET ADDRESS	3425 Jog Park Dr
CITY-ST-ZIP	LAKE WORTH FL 33467	4.4 CITY-ST-ZIP	LAKE WORTH, FLA 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 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Martha Nierenberg *3/20/99*

CR2E037 (1/198)