

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90030 038 ****61.25

DOCUMENT # N26066

1. Entity Name

**LUCERNE PARK CONDOMINIUM ASSOCIATION NO. TWELVE,
 INC.**

Principal Place of Business

Mailing Address

3425 JOG PK, DR
 LAKE WORTH FL 33467
 US

3425 JOG PK DR
 LAKE WORTH 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

65-0089586

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

ROSEN, JOSEPH
3447 JOG PARK DR.
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	<input type="checkbox"/> Delete
NAME	ROSEN, JOSEPH
STREET ADDRESS	3447 JOG PARK DRIVE
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	<input type="checkbox"/> Delete
NAME	FALLON, MARY
STREET ADDRESS	3421 JOG PARK DRIVE
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	<input type="checkbox"/> Delete
NAME	BIRNBAUN, LOUIS
STREET ADDRESS	3445 JOG PARK DR
CITY-ST-ZIP	LAKE WORTH FL
TITLE	<input type="checkbox"/> Delete
NAME	NIERENBERG, MARHTA
STREET ADDRESS	3425 JOG PARK DR
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	<input type="checkbox"/> Delete
NAME	D'IPPOLITO, JOSEPHINE
STREET ADDRESS	3427 JOG PARK DRIVE
CITY-ST-ZIP	LAKE WORTH FL 33467
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: *Martha Nierenberg*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02 (261) 969-0393
 Date Daytime Phone #

CR2E037 (9/01)