

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 MAR 23 AM 11:21****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DO NOT WRITE IN THIS SPACE****DOCUMENT # N42870 (8)**
1. Corporation Name
LUCERNE PARK HOMEOWNERS ASSOCIATION, INC.**Principal Place of Business****WILFORD HOLLOWAY
11 GARDENIA DR
WINTER HAVEN FL 33881
US****Mailing Address****WILFORD HOLLOWAY
11 GARDENIA DR
WINTER HAVEN FL 33881
US****3. Date Incorporated or Qualified****04/05/1991****3a. Date of Last Report****03/25/1994****4. FEI Number****59-3064284****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****7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status**☐**\$68.75 Supplemental
Fee Not Required****8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes**☐ Yes ☐ No**2. Principal Place of Business****21**
Suite, Apt. #, etc.**22**
City & State**23**
Zip Country**24****25****2a. Mailing Address****26**
Suite, Apt. #, etc.**27**
City & State**28**
Zip Country**29****30****9. Name and Address of Current Registered Agent****HOLLOWAY WILFORD
11 GARDENIA DR
WINTER HAVEN FL 33881****10. Name and Address of New Registered Agent****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 607.0502 and 607.1508, 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 607.0505, 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**TITLE** DP
NAME WIEGAND, AGNES
STREET ADDRESS 40 AZALEA DR
CITY-ST-ZIP WINTER HAVEN FL**TITLE** D
NAME RURY, CARL
STREET ADDRESS 97 LAKE SMART DR
CITY-ST-ZIP WINTER HAVEN FL**TITLE** D
NAME HILT, LEE
STREET ADDRESS 127 IXORA DR
CITY-ST-ZIP WINTER HAVEN FL**TITLE** T
NAME SMITH, CLAUDINE
STREET ADDRESS 18 GARDENIA DRIVE
CITY-ST-ZIP WINTER HAVEN FL**TITLE** DV
NAME ARNESTON, CLAYTON
STREET ADDRESS 9 GARDENIA DR
CITY-ST-ZIP WINTER HAVEN FL**TITLE** D
NAME COFFMAN, RAY
STREET ADDRESS 118 IXORA DRIVE
CITY-ST-ZIP WINTER HAVEN FL**13.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12****1.1** TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**DP**
Joseph Kohler
35 Azalea Dr.
Winter Haven, FL 33881☒ Change ☐ Addition**2.1** TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**DV**
Doris Miller
95 Lake Smart Drive
Winter Haven, FL 33881☒ Change ☐ Addition**3.1** TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ Addition**4.1** TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ Addition**5.1** TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**D**
Anderson, Jerome
38 Azalea Drive
Winter Haven, FL 33881☒ Change ☒ Addition**6.1** TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**D**
Joan Galkiewicz
65 Hibiscus Drive
Winter Haven, FL 33881☒ Change ☒ Addition**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, changed, or on an attachment with an address.****SIGNATURE:**

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #