

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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  
**03/23/1995**

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**

☒ 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  
24

2a. Mailing Address  
25  
Suite, Apt. #, etc.  
26  
City & State  
27  
Zip  
28  
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  
**Donald Bigelow**

82 Street Address (P.O. Box Number is Not Acceptable)  
**44 Azalea Drive**

83  
**Winter Haven**

84 City  
**FL**

85 Zip Code  
**33881**

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 *Donald L. Bigelow* DATE **3/16/96**

(NOTE: Registered Agent signature required when reappointing)

## 12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<b>JOHLER, JOSEPH</b>	<b>35 AZALEA DR</b>	<b>WINTER HAVEN FL</b>	<input type="checkbox"/>
	<b>MILLER, DORIS</b>	<b>95 LAKE SMART DR</b>	<b>WINTER HAVEN FL</b>	<input type="checkbox"/>
	<b>HILT, LEE</b>	<b>127 IXORA DR</b>	<b>WINTER HAVEN FL</b>	<input checked="" type="checkbox"/>
	<b>SMITH, CLAUDINE</b>	<b>18 GARDENIA DRIVE</b>	<b>WINTER HAVEN FL</b>	<input type="checkbox"/>
	<b>ANDERSON, JEROME</b>	<b>38 AZALEA DR</b>	<b>WINTER HAVEN FL</b>	<input type="checkbox"/>
	<b>GALKIEWICZ, JOAN</b>	<b>65 HIBISCUS DR</b>	<b>WINTER HAVEN FL</b>	<input type="checkbox"/>

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>Lloyd Groff</b>	<b>90 Hibiscus Dr.</b>	<b>Winter Haven, FL 33881</b>	<input checked="" type="checkbox"/>
	<b>Walter Roberson</b>	<b>79 Hibiscus Dr.</b>	<b>Winter Haven, FL 33881</b>	<input checked="" type="checkbox"/>
	<b>Helen Boyd</b>	<b>12 Gardenia Dr.</b>	<b>Winter Haven, FL 33881</b>	<input checked="" type="checkbox"/>
	<b>David Smith</b>	<b>126 Ixora Dr.</b>	<b>Winter Haven, FL 33881</b>	<input checked="" type="checkbox"/>
	<b>Charles Sams</b>	<b>87 Hibiscus Dr.</b>	<b>Winter Haven, FL 33881</b>	<input checked="" type="checkbox"/>

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)(k), 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: *Joseph A Kohler* **Joseph Kohler** DATE **3/15/96** 941-294-4324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)