FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N15239

(9)

LUCERNE PARK CONDOMINIUM ASSOCIATION NO. TEN, IN

Mailing Address KTHEL CHEAVER Principal Place of Business

FILED Feb 16 1998 8:00am Secretary of State

\$267 PERIMETE LAKE WORTH F US		PERIMETER DRIVE LAKE WORTH FL 33467-200	59	erny	3. Date Incorporated or Qualified 06/04/1986 4. FEI Number Applied For 65-0030058 Not Applicable
2. Principal Pi 21	ace of Business	2a. Mailing Address			Certificate of Status Desired \$8.75 Additional Fee Required
Sulte, Apt. :	W, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State)	City & State	" <u>.</u>		7. Is this nonprofit corporation a homeowners association?
Zip 24	Country 25	Zip Country		у	8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes No
<u></u>	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Registered Agent
			81	Name	
	OCK, ETHERLTS RIMETER DR		8:	Street	t Address (P.O. Box Number is Not Acceptable)
	ORTH FL 33467		63	1	
Date W	JIIII 1 E 35407		84	City	85 Zip Code
				1	FL V
11. Pursuant I	lo the provisions of Sections 617.05 egistered agent, or both, in the Stati	02 and 617.1508, Florida Statute e of Florida. Such change was a	es, the abor outhorized t	ve-named by the corp	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
agent. La	m familiar with, and accept the obliq	gations of, Section 617,0503, Flo	orida Statuti	98.	, , , , ,
SIGNATURE _					re required when reinstating) DATE
12.	Signature, typed or printed name of registered at OFFICE OR As	VD DIRECTORS	13.	eni signatura	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	S	DELETE	1.1 TITLE		Change Addition
NAME	CHERNOCK, ROY	LI otten	1.2 NAME		- Viality
STREET ADDRESS	3267 PERIMETER DR			T ADDRESS	
	LAKE WORTH FL				
CITY-ST-21P TITLE	T TONIN FL	DELETE	1.4 CITY 2.1 TITLE		Change Addition
1	CHERNOCK, ETHE	C better	2.1 HILE		- Ordingo - Troumon
NAME ATOSST ADDRESS	3267 PERIMETER DR				
STREET ADDRESS	LAKE WORTH FL		_	T ADDRESS	
CITY-ST-ZIP TITLE	D	DELETE.	2. 4 CITY 3.1 TITLE		Change Addition
l	- T	A DECEN			
NAME	YOLEN, BOB		3.2 NAMI		170 LW Dog 212 72 0
STREET ADDRESS	3287 PERIMETER DR			T ADDRESS	JOHN ROJERS 3285 PERIMETER LAKE WORTH, FL 33467
C/TY-ST-2IP	LAKE WORTH FL	DELETE	3.4. CITY	-ST-ZIP	LAKE WORTH, FL 3346/
TITLE	D PUIDOCO DODCOT	L. Deceie	4.1 TITLE		Li chalife Ci Montoli
NAME	KUPPER, ROBERT		4. 2 NAM		
STREET ADDRESS	3255 PERIMETER DR.	•		T ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	DELETE	4.4 CITY	ST-ZIP	☐ Change ☐ Addillon
TITLE	VO	L.J DELETE	5.1 TITLE		Civille Civilina
NAME	RACHLIN, SIDNEY		5.2 NAMI		
STREET ADDRESS	3265 PERIMETER DRIVE			ET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	D per see	5.4 CITY	ST-ZIP	
TOTLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STRE	T ADDRESS	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · ·		6.4 CITY		
14. Thereby c	ertity that the Information supplied to	with this filing does not qualify fo	or the exem	ption state	ted 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 oats; 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.