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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42870** (8)
1. Corporation Name
LUCERNE PARK HOMEOWNERS ASSOCIATION, INC.



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/05/1991	
21 LUCERNE PARK Suite, Apt. #, etc.	26 75 HIBISCUS DRIVE Suite, Apt. #, etc.	4. FEI Number 59-3064284		Applied For Not Applicable	
22 STATE ROUTE # 544 City & State	27 WINTER HAVEN, FL. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 WINTER HAVEN, FL. Zip	28 33881 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33881	25 33881	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HIENTON, EDWARD 75 HIBISCUS WINTER HAVEN FL 33881				81 Name	EDWARD HIENTON		
				82 Street Address (P.O. Box Number Is Not Acceptable)	75 HIBISCUS DRIVE		
				83			
				84 City	WINTER HAVEN	85 Zip Code	FL 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 **EDWARD HIENTON** *Edward M. Hienton* DATE **MARCH 16, 1998**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOHLER, JOSEPH	1.2 NAME	VP
STREET ADDRESS	35 AZALEA DR	1.3 STREET ADDRESS	RAY COFFMAN
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	118 IXORA DRIVE
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMS, CHARLES	2.2 NAME	FRANK HALL
STREET ADDRESS	113 IXORA DR.	2.3 STREET ADDRESS	68 HIBISCUS DRIVE
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33881
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYD, HELEN	3.2 NAME	LOIS BARCKHOLTZ
STREET ADDRESS	12 GARDENIA DR	3.3 STREET ADDRESS	138 LAKE SMART DRIVE
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33881
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CLAUDINE	4.2 NAME	DAVID SMITH
STREET ADDRESS	18 GARDENIA DRIVE	4.3 STREET ADDRESS	126 IXORA DRIVE
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33881
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JEROME	5.2 NAME	MAX WOOD PRESIDENT
STREET ADDRESS	38 AZALEA DR	5.3 STREET ADDRESS	27 AZALEA DRIVE
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33881
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER ROBERSON	6.2 NAME	EDWARD HIENTON
STREET ADDRESS	79 HIBISCUS DRIVE	6.3 STREET ADDRESS	75 HIBISCUS DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL. 33881	6.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33881

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.

SIGNATURE: *Edward M. Hienton* 3/13 294 3546

CR2E037 (10/97)