

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90033 010 ****61.25

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DOCUMENT # N15239

1. Corporation Name

LUCERNE PARK CONDOMINIUM ASSOCIATION NO. TEN, IN C.

Principal Place of Business

3267 PERIMETER DR
LAKE WORTH FL 33467-2059
US

Mailing Address

3267 PERIMETER DR
LAKE WORTH FL 33467-2059
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/04/1986

4. FEI Number

65-0030058

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

9. Name and Address of Current Registered Agent

CHERNOCK, ETHEL T
3267 PERIMETER DR
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name

CHERNOCK ETHEL

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Ethel Chernock
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

1-11-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **S**
CHERNOCK, ROY
STREET ADDRESS **3267 PERIMETER DR**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ DELETE

NAME **T**
CHERNOCK, ETHEL
STREET ADDRESS **3267 PERIMETER DR**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ DELETE

NAME **D**
ROGERS, JOHN
STREET ADDRESS **3285 PERIMETER DR**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ DELETE

NAME **D**
KLIPPER, ROBERT
STREET ADDRESS **3255 PERIMETER DR.**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ DELETE

NAME **VD**
RACHLIN, SIDNEY
STREET ADDRESS **3265 PERIMETER DRIVE**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Ethel Chernock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

Date

561-966 2615

Daytime Phone #

CR2E037 (11/98)