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03-14-1999 90024 028 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N42870

1. Corporation Name

LUCERNE PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

LUCERNE PARK
 STATE ROUTE 544
 WINTER HAVEN FL 33881
 US

Mailing Address

75 HIBISCUS DRIVE
 75 HIBISCUS DR.
 WINTER HAVEN FL 33881
 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

04/05/1991

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

9. Name and Address of Current Registered Agent

HIENTON, EDWARD
 75 HIBISCUS
 WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name

SAME AS BEFORE

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 EDWARD HIENTON

Signature of Edward M. Hinton

(NOTE: Registered Agent signature required when reinstating)

3/5/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ D ☐ DELETE

NAME COFFMAN, RAY
 STREET ADDRESS 118 IXORA DRIVE
 CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☒ D ☐ DELETE

NAME SAMS, CHARLES
 STREET ADDRESS 113 IXORA DR.
 CITY-ST-ZIP WINTER HAVEN FL

TITLE ☒ S ☐ DELETE

NAME BOYD, HELEN
 STREET ADDRESS 12 GARDENIA DR
 CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ T ☐ DELETE

NAME SMITH, CLAUDINE
 STREET ADDRESS 18 GARDENIA DRIVE
 CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ P ☐ DELETE

NAME WOOD, MAX
 STREET ADDRESS 27 AZALEA DRIVE
 CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☐ D ☐ DELETE

NAME HIENTON, EDWARD
 STREET ADDRESS 75 HIBISCUS DRIVE
 CITY-ST-ZIP WINTER HAVEN FL 33881

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

VP
 NAME HALL, FRANK
 STREET ADDRESS 68 HIBISCUS DRIVE
 CITY-ST-ZIP WINTER HAVEN, FL. 33881

2.1 TITLE ☒ Change ☐ Addition

S
 NAME LOIS BARCKHOLTZ
 STREET ADDRESS 138 LAKE SMART DRIVE
 CITY-ST-ZIP WINTER HAVEN, FL 33881

3.1 TITLE ☐ Change ☒ Addition

D
 NAME MAURICE POWELL
 STREET ADDRESS 37 AZALEA DRIVE
 CITY-ST-ZIP WINTER HAVEN, FL. 33881

4.1 TITLE ☐ Change ☒ Addition

D
 NAME PHILIP HILLERY
 STREET ADDRESS 22 GARDENIA DRIVE
 CITY-ST-ZIP WINTER HAVEN, FL, 33881

5.1 TITLE ☐ Change ☒ Addition

D
 NAME LUELLA SMITH
 STREET ADDRESS 76 HIBISCUS DRIVE
 CITY-ST-ZIP WINTER HAVEN, FL. 33881

6.1 TITLE ☐ Change ☐ Addition

D
 NAME WALTER ROBERSON
 STREET ADDRESS 79 HIBISCUS DRIVE
 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, with all other like empowered.

SIGNATURE:

MAX WOODTURE Max Wood
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-99
 Date

941-291-4459
 Daytime Phone #

CR2E037 (11/98)