

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25039

1. Entity Name

LUCERNE PARK CONDOMINIUM ASSOCIATION NO. TWENTY- FIVE

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90122 031 ****61.25

Principal Place of Business

Mailing Address

3036 LUCERNE PARK DR
LAKE WORTH FL 33467
US

3036 LUCERNE PARK DR
LAKE WORTH FL 33467-2018
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0089584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUM, MARTIN
3036 LUCERNE PARK DR
LAKE WORTH FL 33467

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME RICHEK, DANIEL
STREET ADDRESS 3034 LUCERNE PARK DR
CITY-ST-ZIP LAKE WORTH FL

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME BLUM, MARTIN
STREET ADDRESS 3036 LUCERNE PARK DR
CITY-ST-ZIP LAKE WORTH FL

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME MODLIN, FRED
STREET ADDRESS 3026 LUCERNE PARK DR
CITY-ST-ZIP LAKE WORTH FL

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME GREENE, ROBERTA
STREET ADDRESS 3050 LUCERNE PARK DR
CITY-ST-ZIP LAKE WORTH FL 33467

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KOBRITZ, SAM
STREET ADDRESS 3046 LUCERNE PARK DR
CITY-ST-ZIP LAKE WORTH FL

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LANG, TONI
STREET ADDRESS 3030 LUCERNE PARK DR
CITY-ST-ZIP LAKE WORTH FL

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)