

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90041 044 ****61.25

DOCUMENT # N42870

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3064284

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

**HIENTON, EDWARD
 75 HIBISCUS
 WINTER HAVEN FL 33881**

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

TITLE **D** ☒ Change ☐ Addition
 NAME **HILLERY, PHILLIP**
 STREET ADDRESS **22 GARDENIA DR.**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **V** ☐ Delete
 NAME **HILLERY, PHILLIP**
 STREET ADDRESS **22 GARDENIA DRIVE**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **V** ☒ Change ☐ Addition
 NAME **HALL, FRANK**
 STREET ADDRESS **68 HIBISCUS DRIVE**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **S** ☐ Delete
 NAME **GORDON, REVA JO**
 STREET ADDRESS **43 AZALEA DRIVE**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☐ Change ☐ Addition
 NAME **SMITH, LUELLA**
 STREET ADDRESS **76 HIBISCUS DRIVE**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☐ Delete
 NAME **HALL, FRANK**
 STREET ADDRESS **68 HIBISCUS DRIVE**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☐ Change ☒ Addition
 NAME **GETZ, JACK**
 STREET ADDRESS **58 HIBISCUS**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☒ Delete
 NAME **EDDLEMAN, ED**
 STREET ADDRESS **101 IXORA DRIVE**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☐ Change ☒ Addition
 NAME **STICHTER, KAY**
 STREET ADDRESS **16 GARDENIA DRIVE**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☐ Delete
 NAME **STANDISH, LINDA**
 STREET ADDRESS **83 HIBICUS**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **RA** ☐ Change ☐ Addition
 NAME **EDWARD HIENTON**
 STREET ADDRESS **75 HIBISCUS DRIVE**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

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 lines empowered.

SIGNATURE: *Edward Hinton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-01
 Date

863-291-4459
 Daytime Phone #

CR2E037 (10/00)