

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90119 001 ****61.25

DOCUMENT # N42870

1. Entity Name

LUCERNE PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**LUCERNE PARK
 STATE ROUTE 544
 WINTER HAVEN FL 33881
 US**

**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.

P

IND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
 NAME **PHILIP HILLERY**
 STREET ADDRESS **22 GARDENIA DRIVE**
 CITY-ST-ZIP **WINTER HAVEN, FL 33881**

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

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **D GENE BENNETT**
 STREET ADDRESS **46 AZALEA DR.**
 CITY-ST-ZIP **WINTER HAVEN, FL 33881**

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

TITLE ☐ Change ☒ Addition
 NAME **D DOTTY CHURCHILL**
 STREET ADDRESS **119 IXORA DR.**
 CITY-ST-ZIP **WINTER HAVEN, FL 33881**

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

TITLE ☐ Change ☒ Addit
 NAME **D JANE RICHEY**
 STREET ADDRESS **42 AZALEA DR.**
 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)(l), 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:

PHILIP HILLERY *3-11-02 863-299-2980*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)