

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90164 020 ****61.25

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DOCUMENT # N15239

1. Entity Name

LUCERNE PARK CONDOMINIUM ASSOCIATION NO. TEN, IN C.

Principal Place of Business

Mailing Address

3267 PERIMETER DR
LAKE WORTH FL 33467-2059
US

3267 PERIMETER DR
LAKE WORTH FL 33467-2059
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3273 PERIMETER DR

Suite, Apt. #, etc.

3. Mailing Address

3273 PERIMETER DR

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number 65-0030058

Applied For

Not Applicable

Zip 33467

Country

Zip

Country

33467

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHERNOCK, ETHEL
3267 PERIMETER DR
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name ARNIE HEIMBERG
Street Address (P.O. Box Number is Not Acceptable)
3273 PERIMETER DR
City LAKE WORTH FL Zip Code 33467

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Arnie Heimberg, Sec.

7/22/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CHERNOCK, ROY	
STREET ADDRESS	3267 PERIMETER DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CHERNOCK, ETHEL	
STREET ADDRESS	3267 PERIMETER DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEIMBERG, ARNIE	
STREET ADDRESS	3273 PERIMETER DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLIPPER, ROBERT	
STREET ADDRESS	3255 PERIMETER DR.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RACHLIN, SIDNEY	
STREET ADDRESS	3265 PERIMETER DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNIE HEIMBERG	
STREET ADDRESS	3273 PERIMETER DR	
CITY-ST-ZIP	LAKE WORTH, FL	
TITLE	TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANA HAYNES	
STREET ADDRESS	3279 PERIMETER DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VICE PRES/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNIE HEIMBERG	
STREET ADDRESS	3273 PERIMETER DR	
CITY-ST-ZIP	LAKE WORTH, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDNEY RACHLIN	
STREET ADDRESS	3265 PERIMETER DR	
CITY-ST-ZIP	LAKE WORTH, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 OF SIDNEY RACHLIN (PRESIDENT) 7/22/02 561-969-3340

CR2E037 (4/02)