

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N25039

1. Entity Name
**LUCERNE PARK CONDOMINIUM ASSOCIATION NO.
TWENTY-FIVE, INC.**



Principal Place of Business
**3030 LUCERNE PK DR
LAKE WORTH, FL 33467 US**

Mailing Address
**3030 LUCERNE PK DR
LAKE WORTH, FL 33467 US**



07022004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**LANG, ANTONETTA P
3030 LUCERNE PK DR
LAKE WORTH, FL 33467**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHEK, DANIEL 3034 LUCERNE PARK DR LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANG, ANTONETTA 3030 LUCERNE PK DR LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MODLIN, FRED 3026 LUCERNE PARK DR LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREENE, ROBERTA 3050 LUCERNE PARK DR LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOBELITZ, SAM 3046 LUCERNE PARK DR LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHECHTER, ROBERT 3028 LUCERNE PK DR LAKE WORTH, FL 33467

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07/12/04-80016-011 61.25

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IN THIS SPACE**

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:

Antonetta P. Lang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/04

Date

(561) 967-5875

Daytime Phone #