

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90137 017 \*\*\*\*61.25

**DOCUMENT # N15239**

1. Entity Name

**LUCERNE PARK CONDOMINIUM ASSOCIATION NO. TEN, INC.**



Principal Place of Business

**3267 PERIMETER DR  
LAKE WORTH FL 33467  
US**

Mailing Address

**3267 PERIMETER DR  
LAKE WORTH FL 33467  
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

**65-0030058**

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

**HEIMBERG, ARNIE  
3273 PERIMETER DR  
LAKE WORTH FL 33467**

Name

**CARMEN BAILLARD**

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

**3291 PERIMETER DR**

City

**GREEN ACRES**

**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

*Carmen Ballard*

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  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	BILODEAU, DIANE	
STREET ADDRESS	3267 PERIMETER DR.	
CITY-ST-ZIP	LAKE WORTH FL 33467 GREENACRES	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HEIMBERG, ARNOLD	
STREET ADDRESS	3273 PERIMETER DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RACHLIN, SIDNEY	
STREET ADDRESS	3265 PERIMETER DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYNE, MITCHELL	
STREET ADDRESS	3279 PERIMETER DR.	
CITY-ST-ZIP	LAKE WORTH FL 33467 GREENACRES	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ELINA, GARCIA	
STREET ADDRESS	3287 PERIMETER	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMEN BAILLARD	
STREET ADDRESS	PERIMETER DR	
CITY-ST-ZIP	GREENACRES LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEANA MORGAN	
STREET ADDRESS	PERIMETER DR	
CITY-ST-ZIP	GREEN ACRES, FL 33467	
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:

*Carmen Ballard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/27/05*

Date

Daytime Phone #