2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 10, 2006 8:00 am Secretary of State DOCUMENT # N15239 1. Entity Name 03-10-2006 90011 027 ****61.25 LUCERNE PARK CONDOMINIUM ASSOCIATION NO. TEN. Principal Place of Business Mailing Address 3267 PERIMETER DR LAKE WORTH FL 33467 3267 PERIMETER DR LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 65-0030058 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BALLARD, CARMEN Street Address (P.O. Box Number is Not Acceptable) 3291 PERÍMETER DR **GREEN ACRES FL 33467** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed pame of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete ☐ Chanoe ☐ Addition MILE TITLE BILODEAU, DIANE NAME NAME 3267 PERIMETER DR. STREET ADDRESS STREET ADDRESS OTTY- ST-ZIP GREEN ACRES FL 33467 CITY-\$1-ZIP PD ☐ Delete TITLE ☐ Change ☐ Addition TIFLE BALLARD, CARMEN NAME NAME 3273 PERIMETER DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP GREEN ACRES FL 33467 CITY-ST-ZIP ☐ Change TITLE Addition TITLE Delete 😾 Sid RACHlin NAME HAYNE, MITCHELL NAME SID MACHIN 3265 PER; METER DR GREENACRES FL 33467 3279 PERIMETER DR. STREET ADDRESS STREET ADDRESS CITY-ST-7(P GREEN ACRES FL 33467 CITY-ST-ZIP SD ☐ Defete TITLE Change Addition TITLE MORGAN, DEANA NAME STREET ADDRESS 3287 PERIMETER STREET ADDRESS CITY-ST-7IP GREEN ACRES FL 33467 COY-ST-7IP ☐ Detete Change ☐ Addition TILLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-718

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, 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 it 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

FILED