2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14453

FILED Mar 29, 2007 Secretary of State

Entity Name: LUCERNE PARK CONDOMINIUM ASSOCIATION NO. EIGHT, INC.

Current Principal Place of Business: New Principal Place of Business: 11360 FORTUNE CIRCLE SUITE E-6A WELLINGTON, FL 33414 US **New Mailing Address: Current Mailing Address:** 11924 FOREST HILL BLVD. #22 PMB 221 WELLINGTON, FL 33414 FEI Number: 59-2764844 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: A & G MANAGEMENT SERVICES 11360 FORTUNE CIRCLE SUITE E-6A WELLINGTON, FL 33414 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition STANFIELD, M.A. MAYBAUM, HARRIETT Name: Name: 11924 FOREST HILL BLVD # 22, PMB 221 Address: 11924 FOREST HILL BLVD # 22, PMB 221 Address: City-St-Zip: WELLINGTON, FL 33414 US City-St-Zip: WELLINGTON, FL 33414 US Title: () Delete Title: (X) Change () Addition HINES, FRANCINE Name: SCHULTZ, ROSEMARY Name: Address: 11924 FOREST HILL BLVD # 22. PMB 221 Address: 11924 FOREST HILL BLVD # 22. PMB 221 City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414 Title: () Delete Title: (X) Change () Addition MAYBAUM, HARRIETT HINES, FRANCINE Name: Name: 11924 FOREST HILL BLVD # 22, PMB 221 11924 FOREST HILL BLVD # 22, PMB 221 Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414 () Delete Title: Title: () Change () Addition Name: CUDNIK, JO Name: 11924 FOREST HILL BLVD # 22, PMB 221 Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: Title: () Delete Title: () Change (X) Addition MIRKIN, HOWARD Name: Name: 11924 FOREST HILL BLVD. #22, PMB 221 Address: Address: WELLINGTON, FL 33414 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCINE HINES S 03/29/2007