

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED


07 DEC -4 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-5-07 *AS*



REINSTATEMENT 07

DOCUMENT # N42870		
1. Entity Name LUCERNE PARK HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business LUCERNE LAKESIDE MNUFCTRED HOMES STATE ROUTE 544 WINTER HAVEN, FL 33881 US	Mailing Address ESHER GRIGSBY 121 IXORA DR WINTER HAVEN, FL 33881 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3064284	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
COLLING, LEE JAY 602 MAITLAND AVE. 529 Versailles Dr ALTAMONTE SPRINGS, FL 32701 Suite 103 Maitland, FL 32751	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 <i>Mary Louise Roberts</i>	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'LEARY, CHERYL <input checked="" type="checkbox"/> Delete 27 AZALEA DR. WINTER HAVEN, FL 33891
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KROUPA, GARY <input type="checkbox"/> Delete 45 AZALEA DR WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIGSBY, ESEHER <input checked="" type="checkbox"/> Delete 121 IXORA DR WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUFFY, FRAN <input type="checkbox"/> Delete 100 LAKE SMART DR WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPITLER, PHIL <input type="checkbox"/> Delete 16 GARDENIA DR WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, LARRY <input checked="" type="checkbox"/> Delete 41 AZALEA DR WINTER HAVEN, FL 33881

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mary Louise Roberts <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 51 Azalea Dr Winter Haven, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600112804546 12/04/07--01011--005 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J Joanne Powers <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5 Gardenia Dr. Winter Haven, FL 33881

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Mary Louise Roberts</i>	Date	Daytime Phone #
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