


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90052 010 \*\*\*\*61.25

|   |  |   |
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| <b>DOCUMENT # N42870</b>                                    |  |  |
| 1. Entity Name<br>LUCERNE PARK HOMEOWNERS ASSOCIATION, INC. |  |   |

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| Principal Place of Business<br>LUCERNE LAKESIDE MNUFCTRED HOMES<br>STATE ROUTE 544<br>WINTER HAVEN, FL 33881 US | Mailing Address<br>ESHER GRIGSBY<br>121 IKORA DR<br>WINTER HAVEN, FL 33881 US |
|---|---|

40068167



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|--|-------------------------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address<br>128 IKORA DR. |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc.                 |
| City & State                                   | City & State                        |
| Zip  | Country                             |

04082008 Chg-NP CR2E037 (12/06)

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| 6. Name and Address of Current Registered Agent<br><br>COLLING, LEE JAY<br>529 JERGAILLES DR.<br>SUITE #103<br>MAITLAND, FL 32751 |  |
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| 4. FEI Number<br>59-3064284 | Applied For<br><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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| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
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| 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. |  |
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| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  | DATE _____ |
|--|--|------------|

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| Filing Fee is \$61.25<br>Due by May 1, 2008 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make check payable to<br>Florida Department of State |
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| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ROBERTS, MARY L<br>51 AZALEA DR.<br>WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>KROUPA, GARY<br>45 AZALEA DR<br>WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>POWERS, JOANNE<br>5 GARDENIA DR.<br>WINTER HAVEN, FL 33881 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SECRETARY<br>LEO M PESTA<br>128 IKORA DR<br>WINTER HAVEN FL 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>DUFFY, FRAN<br>100 LAKE SMART DR<br>WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SPITLER, PHIL<br>16 GARDENIA DR<br>WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | POWERS JOANNE<br>5 GARDENIA DR.<br>WINTER HAVEN FL 33881 <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |

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| 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: <u>Leo M Pesta</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  | 4/9/08 989-737-9873<br>Date Daytime Phone # |