

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748182

FILED
Feb 01, 2009
Secretary of State

Entity Name: LUCERNE LAKES NORTH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4119 LUCERNE LAKES BLVD.
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 541292
LAKE WORTH, FL 33467 US

New Mailing Address:

P.O. BOX 541292
LAKE WORTH, FL 33454 US

FEI Number: 59-2092074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRAPEAU, JOHN
7235 PINE MANOR DRIVE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: DRAPEAU, JOHN
Address: 7235 PINE MANOR DR.
City-St-Zip: LAKE WORTH, FL 33467

Title: VD () Delete
Name: MINTEER, RUSS
Address: 7147 PINE MANOR DR.
City-St-Zip: LAKE WORTH, FL 33467

Title: SD () Delete
Name: DEFELICE, TINA
Address: 7214 PINE MANOR DR.
City-St-Zip: LAKE WORTH, FL 33467

Title: TD () Delete
Name: STEWARD, RAY
Address: 4155 PINE GREEN RUN
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: CUCCI, MICHELE
Address: 7187 PINE MANOR DR.
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: LOFTUS, JAMES
Address: 7165 PINE MANOR DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RAY E. STEWARD

TREA

02/01/2009

Electronic Signature of Signing Officer or Director

Date