

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90090 024 ****61.25

DOCUMENT # N42870

1. Entity Name

LUCERNE PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**LUCERNE PARK
STATE ROUTE 544
WINTER HAVEN FL 33881
US**

Mailing Address

**Joe Kohler
35 Azalea Dr
Winter Haven FL 33891**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3064284**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Address of Current Registered Agent

**Lee Jay Colling
682 Maitland Avenue
Altamonte Springs FL 32701**

**Lee Jay Colling
682 Maitland Avenue
Altamonte Springs FL 32701**

81

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HILLERY, PHILIP	
STREET ADDRESS	22 GARDENIA DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GETZ, JACK	
STREET ADDRESS	58 HIBISCUS DR	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, FRANK	
STREET ADDRESS	76 HIBISCUS DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, GENE	
STREET ADDRESS	46 AZALEA DR	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHURCHILL, DOTTY	
STREET ADDRESS	119 XORA DR	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICHEY, JANE	
STREET ADDRESS	42 AZALEA DR	
CITY-ST-ZIP	WINTER HAVEN FL 33881	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Kohler	
STREET ADDRESS	35 Azalea Dr.	
CITY-ST-ZIP	Winter Haven FL 33891	
TITLE	WP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Manuel	
STREET ADDRESS	95 Lake Smart Dr.	
CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed Eddleman	
STREET ADDRESS	101 Ixora Dr.	
CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lamar Hahnke	
STREET ADDRESS	136 Ixora	
CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Tuttle	
STREET ADDRESS	48 Azalea Dr.	
CITY-ST-ZIP	Winter Haven FL 33881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Lee Jay Colling

43 Azalea Dr. Winter Haven FL 33891

3-17-03

CR2E037 (10/02)