

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739812

Entity Name: LUCERNE LAKES HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**4400 LUCERNE LAKES BLVD
LAKE WORTH, FL 33467**Current Mailing Address:**C/O GRS MANAGEMENT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH, FL 33463 US**FEI Number:** 59-1889298**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WYANT-CORTEZ & CORTEZ CHARTERED PA
840 US HIGHWAY ONE
SUITE 345
NORTH PALM BEACH, FL 33463 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:** LARRY CORTEZ

01/27/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY	Title	VP
Name	STOPOLI, ARLENE	Name	PASQUA, JEAN
Address	C/O GRS MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD SUITE 309	Address	C/O GRS MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	LAKE WORTH FL 33463
Title	DIRECTOR	Title	DIRECTOR
Name	HUGAN, MICHELLE	Name	SULLIVAN, LORRAINE
Address	C/O GRS MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD SUITE 309	Address	C/O GRS MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	LAKE WORTH FL 33463
Title	PRESIDENT	Title	DIRECTOR
Name	HINKLE, EDWARD	Name	MCCLUNG, ED
Address	3900 WOODLAKE BLVD SUITE 309	Address	C/O GRS MGT. 3900 WOODLAKE BLVD, #309
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	LAKE WORTH FL 33463
Title	TREASURER	Title	DIRECTOR
Name	LASALLE, ROBERT	Name	ROMAGOSA, CESAR
Address	C/O GRS MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD SUITE 309	Address	C/O GRS MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	LAKE WORTH FL 33463

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I hereby 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 all other like empowered.

SIGNATURE: EDWARD HINKLE

PRESIDENT

01/27/2020

Officer/Director Detail Continued :

Title DIRECTOR
Name BAKER, DIANA
Address C/O GRS MANAGEMENT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463