

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00274

Entity Name: LUCERNE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3100 GULF SHORE BLVD NORTH
NAPLES, FL 34103

FILED
Apr 05, 2024
Secretary of State
7490606241CC

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. SUITE # 215
NAPLES, FL 34104 US

FEI Number: 59-2516607

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESORT MANAGEMENT
C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. SUITE # 215
NAPLES, FL 34104 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: ANDY PROVOST

04/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name KARMANOS, JULIE
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. # 215
City-State-Zip: NAPLES FL 34104

Title PRESIDENT
Name LEWIS, RICHARD
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. # 215
City-State-Zip: NAPLES FL 34104

Title VP
Name VETTER, BUD
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. # 215
City-State-Zip: NAPLES FL 34104

Title TREASURER
Name SZYMANSKI, RON
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. SUITE # 215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name SANTORO, MICHAEL
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. SUITE # 215
City-State-Zip: NAPLES FL 34104

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: MICHAEL SANTORO

DIRECTOR

04/05/2024

Electronic Signature of Signing Officer/Director Detail

Date