

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008262

Entity Name: LUCERNE POINTE CONDOMINIUM "C" ASSOCIATION, INC.**Current Principal Place of Business:**4721-4723 LUCERNE LAKES BLVD
LAKE WORTH, FL 33467**Current Mailing Address:**G.R.S. MGMT ASSOC. INC
3900 WOODLAKE BLVD, STE 309
LAKE WORTH, FL 33463**FEI Number:** 20-0948660**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BILAWSKY, MARK A ESQ.
6615 BOYNTON BEACH.
SUITE 357
LAKE WORTH, FL 33437 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:** MARK A. BILAWSKY

01/17/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MAYBLUM, LORRAINE
Address 4723 LUCERNE LAKES BLVD ., #641
City-State-Zip: LAKE WORTH FL 33467

Title VICE-PRES
Name GILBERT, JAMES
Address 4723 LUCERNE LAKES BLVD # 617
City-State-Zip: LAKE WORTH FL 33467

Title TREASURER
Name RINGER, STEVE
Address 4721 LUCERNE LAKES BLVD
 C-735
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY
Name KALFAS, LIBBY
Address 4721 LUCERNE LAKES BLVD
 C-731
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name MULLARKEY, GARY
Address 4723 LUCERNE LAKES BLVD.
 C-712
City-State-Zip: LAKE WORTH FL 33467

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: LORRAINE MAYBLUM

PRESIDENT

01/17/2017

Electronic Signature of Signing Officer/Director Detail

Date