

2014 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:**GRS MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD.
SUITE 309
LAKE WORTH, 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:**

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	D
Name	ORLANDO, SAM
Address	4721 LUCERNE LAKES BLVD #722
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	CONA, JOANNE
Address	4721 LUCERNE LAKES BLVD C-747
City-State-Zip:	LAKE WORTH FL 33467

Title	AT LARGE
Name	SEGAL, GARY
Address	4723 LUCERNE LAKES BLVD
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**PRES****01/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date