## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06134

Entity Name: LUCERNE AT WOODLANDS HOMEOWNERS' ASSOCIATION,

INC.

FILED
Mar 16, 2017
Secretary of State
CC4831617281

**Current Principal Place of Business:** 

327 OFFICE PLAZA DRIVE, SUITE 210 TALLAHASSEE, FL 32301

**Current Mailing Address:** 

PO BOX 12412

TALLAHASSEE, FL 32317 US

FEI Number: 59-2589866 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELEKES, ANDREW J 327 OFFICE PLAZA DRIVE, SUITE 210 TALLAHASSEE, FL 32301 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: ANDREW J ELEKES 03/16/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title TREASURER, SECRETARY Title PRESIDENT

Name BREWER, DURWARD N Name BOLLMAN, THEODORE A

Address PO BOX 12412 Address PO BOX 12412

City-State-Zip: TALLAHASSEE FL 32317 City-State-Zip: TALLAHASSEE FL 32317

Title VP Title MGMT

Name CHIRICOS, JUSTIN Name ELEKES, ANDREW J

Address PO BOX 12412 Address PO BOX 12412

City-State-Zip: TALLAHASSEE FL 32317 City-State-Zip: TALLAHASSEE FL 32317

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: ANDREW J ELEKES

Electronic Signature of Signing Officer/Director Detail

MGMT

03/16/2017