

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06134

**FILED**  
**Aug 01, 2014**  
**Secretary of State**  
**CC1946063762****Entity Name:** LUCERNE AT WOODLANDS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**3219 THOMASVILLE RD  
19A  
TALLAHASSEE, FL 32308**Current Mailing Address:**3219 THOMASVILLE RD  
19A  
TALLAHASSEE, FL 32308**FEI Number:** 59-2589866**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BREWER, DURWARD N  
3219 THOMASVILLE ROAD  
#19A  
TALLAHASSEE, FL 32308 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           | DIRECTOR, TREASURER         |
| Name            | BREWER, DURWARD N           |
| Address         | 3219 THOMASVILLE ROAD, #19A |
| City-State-Zip: | TALLAHASSEE FL 32308        |

|                 |                         |
|-----------------|-------------------------|
| Title           | PRESIDENT               |
| Name            | BOLLMAN, THEODORE A     |
| Address         | 3219 THOMASVILLE RD. 1B |
| City-State-Zip: | TALLAHASSEE FL 32308    |

|                 |                              |
|-----------------|------------------------------|
| Title           | SECRETARY                    |
| Name            | HARTUNG, LAURIE              |
| Address         | 2746 MILLSTONE PLANTATION RD |
| City-State-Zip: | TALLAHASSEE FL 32312         |

|                 |                             |
|-----------------|-----------------------------|
| Title           | DIRECTOR                    |
| Name            | COATES, LEA                 |
| Address         | 3219 THOMASVILLE RD.<br>17B |
| City-State-Zip: | TALLAHASSEE FL 32308        |

|                 |                           |
|-----------------|---------------------------|
| Title           | DIRECTOR                  |
| Name            | CHIRICOS, JUSTIN          |
| Address         | 3219 THOMASVILLE RD<br>1C |
| City-State-Zip: | TALLAHASSEE FL 32308      |

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:** DURWARD N. BREWER**DIRECTOR****08/01/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date