2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2016
Secretary of State
CC5326637749

DOCUMENT# N06134

Entity Name: LUCERNE AT WOODLANDS HOMEOWNERS' ASSOCIATION, INC.

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 04/27/2016

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

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

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

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

Title	MGMT
Name	ELEKES, ANDREW J
Address	327 OFFICE PLAZA DRIVE, SUITE 210
City-State-Zip:	TALLAHASSEE FL 32301

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 MGMT 04/27/2016

Electronic Signature of Signing Officer/Director Detail — Date