

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18875

**Entity Name:** LUCERNE GREENS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4697 LUCERNE LAKES BLVD EAST  
LAKE WORTH, FL 33467

**Current Mailing Address:**

C/O SEACREST SERVICES, INC.  
2400 CENTREPARK WEST DR. SUITE 175  
W. PALM BEACH, FL 33409 US

**FEI Number:** 59-2787572

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DICKER, KRIVOK & STOLOFF, P.A.  
1818 AUSTRALIAN AVENUE SOUTH  
SUITE 400  
W. PALM BEACH, FL 33409 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:** EDWARD DICKER

03/19/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P/T  
Name PRODAN, KATHLEEN  
Address 4697 LUCERNE LAKES BLVD EAST  
City-State-Zip: LAKE WORTH FL 33467

Title VP/S  
Name D'AMICO, WILLIAM SR.  
Address 4697 LUCERNE LAKES BLVD EAST  
City-State-Zip: LAKE WORTH FL 33467

Title D  
Name FLEMING, MARTIN  
Address 4697 LUCERNE LAKES BLVD EAST  
City-State-Zip: LAKE WORTH FL 33467

Title D  
Name ILLUZZI, JOHN  
Address 4697 LUCERNE LAKES BLVD EAST  
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:** KATHLEEN PRODAN

PRESIDENT

03/19/2015

Electronic Signature of Signing Officer/Director Detail

Date