

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42870

Entity Name: LUCERNE PARK HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**39 1/2 AZALEA DR.
WINTER HAVEN, FL 33881**Current Mailing Address:**32 HIBISCUS DR.
WINTER HAVEN, FL 33881 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LIBBY, EDWARD
32 AZALEA
WINTER HAVEN, FL 33881 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 LIBBY

01/23/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LIBBY, EDWARD
Address 32 AZALEA.
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name BAILEY, MIKE
Address 1 GARDENIA DR
City-State-Zip: WINTER HAVEN FL 33881

Title TREASURER
Name SMITH, TERRY
Address 37 AZALEA
City-State-Zip: WINTER HAVEN FL 33881

Title SECRETARY
Name JODWAY, ROBERT G
Address 141 LAKE SMART DRIVE
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name COLON, NATALIE
Address 39 AZALEA DR
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name MCGUIGAN, JOYCE
Address 28 AZALEA
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name CURTIS, WILLARD
Address 123 IXORA DR
City-State-Zip: WINTER HAVEN FL 33881

Title VP
Name MULLEN, CHRISTOPHER
Address 133 IXORA DR
City-State-Zip: WINTER HAVEN FL 33881

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: ROBERT JODWAY**SECRETARY**

01/23/2014

Electronic Signature of Signing Officer/Director Detail

Date