

2017 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:**101 IXORA
WINTER HAVEN, FL 33881 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TOWNE, RICHARD
101 IXORA
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:** RICHARD TOWNE

03/27/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TOWNE, RICHARD
Address 101 IXORA DR.
City-State-Zip: WINTER HAVEN FL 33881

Title VP
Name BONET, EDWIN
Address 24 GARDENIA
City-State-Zip: WINTER HAVEN FL 33881

Title TREASURER
Name COSSELMON, ROBERT
Address 96 LAKE SMART DRIVE
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name CRUZ, JOSE
Address 52 AZALEA
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name CONNORS, FRANK
Address 122 IXORA DRIVE
City-State-Zip: WINTER HAVEN FL 33881

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

Title DIRECTOR
Name VARNER, TINA
Address 44 AZALEA DRIVE
City-State-Zip: WINTER HAVEN FL 33881

Title SECRETARY
Name ORTIZ, JUNIOR
Address 4 GARDENIA DRIVE
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 LEE COSSELMON

TREASURER

03/27/2017

Electronic Signature of Signing Officer/Director Detail

Date