

2013 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:**59 HIBISCUS DR.
WINTER HAVEN, FL 33881 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAU, THOMAS
59 HIBISCUS DR.
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name GETZ, WILLIAM
Address 72 HIBISCUS DR
City-State-Zip: WINTER HAVEN FL 33881

Title T
Name CRECRAFT, PATRICIA
Address 69 HIBISCUS DR
City-State-Zip: WINTER HAVEN FL 33881

Title S
Name RAU, THOMAS
Address 59 HIBISCUS DR
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name COLON, NATALIE
Address 36 AZALEA DR
City-State-Zip: WINTER HAVEN FL 33881

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

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

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

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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 L COSSELMON**PRESIDENT****03/23/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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