

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723230

1. Entity Name

SD LUCERNE CONDOMINIUM ASSOCIATION, INC. ✓

Principal Place of Business

6 LUCERNE AVE.
LAKE WORTH FL 33460

Mailing Address

6 LUCERNE
LAKE WORTH FL 33460

2. Principal Place of Business

6 LUCERNE AVENUE

Suite, Apt. #, etc.

3. Mailing Address

6 LUCERNE AVENUE

Suite, Apt. #, etc.

City & State

LAKE WORTH

City & State

FLORIDA

Zip

Country

33460-3915 PALM BEACH

Zip

Country

4. FEI Number

65-0398744

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TSUCALAS, THEODORE
6 LUCERNE AVE., APT. #3
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE SD. ☐ Delete
NAME TSUCALAS, ELECTRA
STREET ADDRESS 6 LUCERNE APT. #3
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE PD. ☐ Delete
NAME THENDORE, TSUCALAS
STREET ADDRESS 6 LUCERNE AVE., APT. #2
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE TD. ☐ Delete
NAME BUTLER, SUSAN
STREET ADDRESS 6 LUCERNE AVE., APT. #1
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE V ☐ Delete
NAME BERNAL, TED
STREET ADDRESS 6 LUCERNE AVE APT #4
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

8.20 I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-06-2002 90128 007 ****61.25

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

0718-796-3167

8/9/02