



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90030 045 \*\*\*\*61.25

<b>DOCUMENT # 739812</b> 1. Entity Name <b>LUCERNE LAKES HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>4400 LUCERME LAKES BLVD LAKE WORTH, FL 33467</b>			Mailing Address <b>4400 LUCERME LAKES BLVD LAKE WORTH, FL 33467</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		01182007    Chg-NP    CR2E037 (12/06)	
4. FEI Number <b>59-1889298</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NORMAN, STEWART 4400 LUCERME LAKES BLVD LAKE WORTH, FL 33467</b>			7. Name and Address of New Registered Agent Name <b>GOODMAN Sally</b> Street Address (P.O. Box Number is Not Acceptable) <b>7271 PINE FOREST CIR E</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33467</b>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><b>Sally Goodman</b></u> <u><b>3/8/07</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>PD</b> NAME <b>NORMAN, STEWART</b> STREET ADDRESS <b>7210 PINE FOREST CIR EAST</b> CITY-ST-ZIP <b>LAKE WORTH, FL 33467</b>	<input type="checkbox"/> Delete		TITLE <b>PD</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>PASQUA, JEAN</b> STREET ADDRESS <b>7328 PINE FOREST CIR</b> CITY-ST-ZIP <b>LAKE WORTH, FL 33467</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>SD</b> NAME <b>MORRIS, FLORENCE</b> STREET ADDRESS <b>7430 PINE FOREST CIR W</b> CITY-ST-ZIP <b>LAKE WORTH, FL 33467</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>BALOASSARRE, VINCENT</b> STREET ADDRESS <b>7299 PINE FOREST CIR E</b> CITY-ST-ZIP <b>LAKE WORTH, FL 33467</b>	<input type="checkbox"/> Delete		TITLE <b>VP D</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>DVP</b> NAME <b>GOODMAN, SALLY</b> STREET ADDRESS <b>7271 PINE FOREST CIR</b> CITY-ST-ZIP <b>LAKE WORTH, FL 33467</b>	<input type="checkbox"/> Delete		TITLE <b>PD</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>KINER, CHARLES</b> STREET ADDRESS <b>7261 PINE FOREST CIRCLE</b> CITY-ST-ZIP <b>LAKE WORTH, FL 33467</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><b>Sally Goodman</b></u> <u><b>President</b></u> <u><b>3/8/07</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					