

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739812

FILED
Apr 07, 2009
Secretary of State

Entity Name: LUCERNE LAKES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4400 LUCERME LAKES BLVD
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

4400 LUCERME LAKES BLVD
LAKE WORTH, FL 33467

New Mailing Address:

C/O CMC MANAGEMENT
2950 JOG ROAD
GREENACRES,, FL 33467

FEI Number: 59-1889298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKER KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVE SOUTH
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: TARANTINO, MARIE
Address: 7480 PINE PARK DR. SOUTH
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: PASQUA, JEAN
Address: 7328 PINE FOREST CIR
City-St-Zip: LAKE WORTH, FL 33467

Title: SD () Delete
Name: MORRIS, FLORENCE
Address: 7430 PINE FOREST CIR W
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: CURRAN, JAMES
Address: 7486 PINE PARK DR.S.
City-St-Zip: LAKE WORTH, FL 33467

Title: PD () Delete
Name: GOODMAN, SALLY
Address: 7271 PINE FOREST CIR
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: KINSER, CHARLES
Address: 7261 PINE FOREST CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: TARANTINO, MARIE
Address: 7480 PINE PARK DR. SOUTH
City-St-Zip: LAKE WORTH, FL 33467

Title: T (X) Change () Addition
Name: MARCHESE, TONY
Address: 7323 PINE PARK DR. N.
City-St-Zip: LAKE WORTH, FL 33467

Title: VP (X) Change () Addition
Name: WILEY, SHIRLEY
Address: 7444 PINE PARK DR. S.
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SALLY GOODMAN

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date