

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739812

FILED
Apr 05, 2010
Secretary of State

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

Current Principal Place of Business:

4400 LUCERNE LAKES BLVD
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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: P
Name: GOODMAN, SALLY
Address: 7271 PINE FOREST CIR
City-St-Zip: LAKE WORTH, FL 33467

Title: VP
Name: HUGAN, MICHELLE
Address: 4487 PINE PARK CIR EAST
City-St-Zip: LAKE WORTH, FL 33467

Title: T
Name: NORMAN, STEWART
Address: 7210 PINEFOREST CIR. EAST
City-St-Zip: LAKE WORTH, FL 33467

Title: S
Name: TARANTINO, MARIE
Address: 7480 PINE PARK DR. S.
City-St-Zip: LAKE WORTH, FL 33467

Title: D
Name: MARCHESE, TONY
Address: 7323 PINE PARK DR. N.
City-St-Zip: LAKE WORTH, FL 33467

Title: D
Name: PASQUA, JEAN
Address: 7328 PINE FOREST CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

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: SALLY GOODMAN

P

04/05/2010

Electronic Signature of Signing Officer or Director

Date