

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740026

FILED
Mar 09, 2011
Secretary of State

Entity Name: LUCERNE LAKES MASTER HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 59-2365877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLEY & WYANT CORTEZ, P.A.
860 U.S. HWY ONE
#108
NORTH PALM BEACH, FL 33408 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: RESCIGNO, JOHN
Address: 4920 LUCERNE LAKES BLVD.
City-St-Zip: LAKE WORTH, FL 33467

Title: V
Name: HURLEY, ROBERT
Address: 7091 GOLF COLONY CT. #201
City-St-Zip: LAKE WORTH, FL 33467

Title: S
Name: FLEMING, MARTIN
Address: 4705 LUCERNE LAKES BLVD. #202
City-St-Zip: LAKE WORTH, FL 33467

Title: T
Name: SCHWARTZ, JACK
Address: 4735 LUCERNE LAKES BLVD. #215
City-St-Zip: LAKE WORTH, FL 33467

Title: D
Name: MILLS, WILLIAM
Address: 4574 LUCERNE LAKES BLVD.
City-St-Zip: LAKE WORTH, FL 33467

Title: D
Name: DEFELICE, TINA
Address: 7214 PINE MANOR DRIVE
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: BRIAN MCENTEE

APM

03/09/2011

Electronic Signature of Signing Officer or Director

_____ Date