FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:33

DOCUMENT # 747319 (2)

1. Corporation Name
LUCERNE LAKES SWIM CLUB, INC.

Principal Place of Business	Mailing Address
4400 LUCERNE LAKES BLVD. LAKE WORTH FL 33467	4400 LUCERNE LAKES BLVD. LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1979
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-1972734 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GOODBERG, JACK
4400 LUCERNE LAKES BLVD.
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jack Goodberg 2/3/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	VP/D ☐ Change ☐ Addition
NAME	GUNENICK, SIMA	1.2 NAME	JOS. DONNER
STREET ADDRESS	4400 LUCERNE LAKES BLVD	1.3 STREET ADDRESS	4494 PINE GARDEN LANE
CITY-ST-ZIP	LAKE WORTH, FL 00000	1.4 CITY-ST-ZIP	LAKE WORTH - FL 33467
TITLE	VPD	2.1 TITLE	D ☐ Change ☐ Addition
NAME	MILLMAN, NELSON	2.2 NAME	CHARLES CARASIK
STREET ADDRESS	4400 LUCERNE LAKES BLVD	2.3 STREET ADDRESS	7314 PINE NEEDLE LANE
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	LAKE WORTH - FL 33467
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, IRVING	3.2 NAME	
STREET ADDRESS	4400 LUCERNE LAKES BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	GOODBERG, JACK	4.2 NAME	
STREET ADDRESS	4400 LUCERNE LAKES BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	
TITLE	FSD- TD	5.1 TITLE	☐ Change ☐ Addition
NAME	DOULENS, LILLIAN	5.2 NAME	
STREET ADDRESS	4400 LUCERNE LAKES BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LKE WORTH, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SILVER, WILLIAM	6.2 NAME	
STREET ADDRESS	4400 LUCERNE LAKES BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack Goodberg 2/3/95 964-9793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0051110

Internal Revenue Service
District Director

A 947319

Department of the Treasury

Date:
NOV 2 5 1980

Employer Identification Number:
59-1972734
Internal Revenue Code
Section 501(c)(7)

Accounting Period Ending:
December 31
Form 990 Required: ☒ Yes ☐ No

Person to Contact:
T. Rogers
Contact Telephone Number:
904-791-2636

Lucerne Lakes Swim Club, Inc.
4400 Lucerne Lakes Boulevard
Lake Worth, FL 33463

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under the provisions of the Internal Revenue Code section indicated above.

Unless specifically excepted, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) for each employee to whom you pay $100 or more during a calendar year. And, unless excepted, you are also liable for tax under the Federal Unemployment Tax Act for each employee to whom you pay $50 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of $1,500 or more in any calendar quarter. If you have any questions about excise, employment or other Federal taxes, please address them to this office.

If your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status. Also, you should inform us of all changes in your name or address.

The block checked at the top of this letter shows whether you must file Form 990, Return of Organization Exempt from Income Tax. If the Yes box is checked, you are only required to file Form 990 if your gross receipts each year are normally more than $10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law provides for a penalty of $10 a day, up to a maximum of $5,000, when a return is filed late, unless there is reasonable cause for the delay. This penalty may also be charged if a return is not complete. So, please make sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Internal Revenue

Internal Revenue Service
INTERNAL REVENUE SERVICE
EXEMPT ORGANIZATIONS 720.2
OAKS BUILDING - THIRD FLOOR
8000 ARLINGTON EXPRESSWAY
JACKSONVILLE, FLORIDA 32211