

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747319 (2)

1. Corporation Name

LUCERNE LAKES SWIM CLUB, INC.



Principal Place of Business

Mailing Address

4400 LUCERNE LAKES BLVD.
LAKE WORTH FL 334674400 LUCERNE LAKES BLVD.
LAKE WORTH FL 33467-39583. Date Incorporated or Qualified
05/23/19793a. Date of Last Report
02/07/1996

4. FEI Number

59-1972734

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

STEWART NORMAN

82 Street Address (P.O. Box Number is Not Acceptable)

4400 LUCERNE LAKES BLVD.

83

84 City

LAKE WORTH

FL

85 Zip Code

33467

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

STEWART NORMAN PRES.

2-7-97

Signature of person 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	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DONNER, JOS	
STREET ADDRESS	4494 PINE GARDEN LANE	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARASIK, CHARLES	
STREET ADDRESS	7312 PINE NEEDLE LANE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, IRVING	
STREET ADDRESS	4400 LUCERNE LAKES BLVD	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	J D	<input type="checkbox"/> DELETE
NAME	GOODBERG, JACK	
STREET ADDRESS	4400 LUCERNE LAKES BLVD	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	FSD	<input type="checkbox"/> DELETE
NAME	DOULENS, LILLIAN	
STREET ADDRESS	4400 LUCERNE LAKES BLVD	
CITY-ST-ZIP	LKE WORTH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVER, WILLIAM	
STREET ADDRESS	4400 LUCERNE LAKES BLVD	
CITY-ST-ZIP	LAKE WORTH FL	

1.1 TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEWART NORMAN	
1.3 STREET ADDRESS	4400 LUCERNE LAKES BLVD	
1.4 CITY-ST-ZIP	LAKE WORTH- FL- 33467	
2.1 TITLE	V.P. BEN SCHWARTZMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	7892 BAYVIEW BLVD	
2.3 STREET ADDRESS	4400 LUCERNE LAKES BLVD.	
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SIMA GUMENICK	
3.3 STREET ADDRESS	4400 LUCERNE LAKES BLVD	
3.4 CITY-ST-ZIP	LAKE WORTH-FL- 33467	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044122

CR2E037 (9/96)