FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

Jan 28 1998 8:00am Secretary of State

965-9715

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FILED

LUCERNE LAKES SWIM CLUB, INC.					E HOORIN HAARI OERSE HAARD IINDE SHRIR IANN DERSE GERLE BERSE DIRECT DERSE DER EE	
Principal Place	of Business	Mailing Address				
4400 LUCERNE LAKES BLVD. 4400 LUCERNE LAKES BLVD. LAKE WORTH FL 33467 LAKE WORTH FL 33467			LVD.		3. Date Incorporated or Qualified	
LAKE WORTH F	L 33467	LAKE WORTH FL 33467			05/23/1979	
1					4. FEI Number Applied For Not Applied For Not Applicate	nie
2. Principal Pl	ace of Business	2a. Mailing Address			© 75 Additional	_
21		26			5. Certificate of Status Desired Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
City & State		City & State			Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?	٠
23	·	28			Yes No	
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of Curr	rent Registered Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
81						_
HORMAN	I, STEWART			82 Street	VORMAN, STEWART Address (P.O. Box Number is Not Acceptable)	
4400 LUCERNE LAKES BLVD					Address (P.O. Box Number is Not Acceptable) FOO LUCERNE LAKES BLVD	_
LAKE W	DRTH FL 33467			83		
				84 City A	KE WORTH FL 85 Zip Code 33 463	7
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.						
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE _	Signature, typed or printed name of registered	noent and title if applicable (NK	OTF: Registerer	d Acent signature	required when reinstating) DATE	_
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TE	TLE	NORMAN STEWART	on
NAME	HORMAN, STEWART		1.2 N/	1	NORMAN, STEWART	
STREET ADDRESS	4400 LUCERNE LAKES BL\ LAKE WORTH FL	<i>1</i> U		REET ADDRESS TY-ST-ZIP	LAKE WORTH FL 33467	
CITY-ST-ZIP	D DAKE WORTH FL	DELETE	2.1 TI		X Change	ion
NAME	CARASIK, CHARLES	- 	2.2 N/	AME		
	7312 PINE NEEDLE LANE		2.3 \$1	REET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL			ITY-ST-ZIP	33467 ★ Change	ian
TITLE	SD CHACMICK CIMA	DELETE	3.1 TF 3.2 N/		Et osange Li voun	UI1
NAME STREET ADDRESS	GUMENICK, SIMA 4400 LUCERNE LAKES BL\	√n		REET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	,,,		ITY-ST-ZIP	33467	
TITLE	D	Z DELETE	4.1 TI		Change AAdditi	ion
NAME	GOODBERG, JACK		4. 2 N		SCHWARTZ MAN, BENJAMIN 4400 LUCERNE LAKES BLVD	
STREET ADDRESS	4400 LUCERNE LAKES BL\	√D		FREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	⋈ DELETE	4.4 CI 5.1 TI	TY-ST-ZIP	LAKE WORTH FL 33467	ion
TITLE NAME	PSD DOULENS, LILLIAN	Les DECEIC	5.2 N/		MARTH ROBERT	
STREET ADDRESS	4400 LUCERNE LAKES BL\	VD	5.3 ST	TREET ADDRESS	4400 LUCERNE LAKES ULVE	
CITY-ST-ZIP	LKE WORTH, FL 00000		5.4 CI	TY-ST-ZIP	LAKE WORTH FL 33467	_
TITLE	D	☐ DELETE	5.1 TI		Z Change	ιOΠ
NAME	SILVER, WILLIAM		6.2 N/			
STREET ADDRESS	4400 LUCERNE LAKES BL	AD .		TREET ADDRESS	33467	
CITY-ST-ZIP	LAKE WORTH FL certify that the information supplied	this filing does not qualify	for the exe	TY-ST-ZIP emption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information	n
14. I 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.						
Block 12 or Block 13 if changed, or on an attachment with an address.						

LUCERNE LAKES SWIM CLUB, INC

ADDITIONAL DIRECTOR

D COHEN, MIGNON 4400 LUCERNE LAKES BLVD LAKE WORTH FL 33467