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Feb 24, 1999 8:00 am
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02-24-1999 90092 004 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 747319

1. Corporation Name

LUCERNE LAKES SWIM CLUB, INC.

Principal Place of Business

**4400 LUCERNE LAKES BLVD.
 LAKE WORTH FL 33467**

Mailing Address

**4400 LUCERNE LAKES BLVD.
 LAKE WORTH FL 33467**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

05/23/1979

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

9. Name and Address of Current Registered Agent

**HORMAN, STEWART
 4400 LUCERNE LAKES BLVD
 LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent

81 Name **SALLY MERKER**
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 **SALLY MERKER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/12/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	HORMAN, STEWART
STREET ADDRESS	4400 LUCERNE LAKES BLVD
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D <input checked="" 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	GUMENICK, SIMA
STREET ADDRESS	4400 LUCERNE LAKES BLVD
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GOODBERG, JACK
STREET ADDRESS	4400 LUCERNE LAKES BLVD
CITY-ST-ZIP	LAKE WORTH FL
TITLE	FSD <input checked="" 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SALLY MERKER
1.3 STREET ADDRESS	4400 LUCERNE LAKES BLVD
1.4 CITY-ST-ZIP	LAKE WORTH FL 33467
2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BEN SCHWARTZMAN
2.3 STREET ADDRESS	4400 LUCERNE LAKES BLVD
2.4 CITY-ST-ZIP	LAKE WORTH FL -33467-
3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT MARTH
3.3 STREET ADDRESS	4400 LUCERNE LAKES BLVD
3.4 CITY-ST-ZIP	LAKE WORTH FL 33467
4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LUCILLE SHELDON
4.3 STREET ADDRESS	4400 LUCERNE LAKES BLVD
4.4 CITY-ST-ZIP	LAKE WORTH FL 33467
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MIGNON COHEN
5.3 STREET ADDRESS	4400 LUCERNE LAKES BLVD
5.4 CITY-ST-ZIP	LAKE WORTH FL 33467
6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BETTY MINOS
6.3 STREET ADDRESS	4400 LUCERNE LAKES BLVD
6.4 CITY-ST-ZIP	LAKE WORTH FL 33467

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, with all other like empowered.

SIGNATURE: **SALLY MERKER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 **301-909-7165**
 Date Daytime Phone #

CR2E037 (11/98)