

DOCUMENT # 747319
1. Entity Name
LUCERNE LAKES SWIM CLUB, INC.

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90013 018 ****61.25



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 59-1972734 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
BROWN, HENRY
4400 LUCERNE LAKES BLVD.
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 HENRY F. BROWN -SAME 1-5-2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees
Make Check Payable to
Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D BROWN, HENRY 4400 LUCERNE LAKES BLVD LAKE WORTH FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D SULLIVAN, LORRAINE 4400 LUCERNE LAKES BLVD LAKE WORTH FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D MARTH, ROBERT 4400 LUCERNE LAKES BLVD LAKE WORTH FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D MARTH, ELAINE 4400 LUCERNE LAKES BLVD LAKE WORTH, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D SHELDON, LUCILLE 4400 LUCERNE LAKES BLVD LAKE WORTH FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D COCCIMIGLIO, FRANK 4400 LUCERNE LAKES BLVD LAKE WORTH, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HALPERN, HAROLD 4400 LUCERNE LAKES BLVD LAKE WORTH FL 33467 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JACHEO, JUDY 4400 LUCERNE LAKES BLVD LAKE WORTH, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MINOS, BETTY 4400 LUCERNE LAKES BLVD LAKE WORTH FL 33467 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SALERNO, RALPH 4400 LUCERNE LAKES BLVD LAKE WORTH, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY F. BROWN 1-5-01 561-434-0540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #