2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748553

FILED Apr 10, 2012 Secretary of State

Entity Name: VILLAS AT LUCERNE LAKES HOMEOWNER'S ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

C/O GRS MANAGEMENT ASSOCIATION 3900 WOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463

Current Mailing Address: New Mailing Address:

C/O GRS MANAGEMENT ASSOCIATION 3900 WOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463

FEI Number: 59-2059114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LADWIG, PATTI H C/O PATTI HEIDLER LADWIG P.A. 12765 WEST FOREST HILL BLVD STE 1312 WELLINGTON, FL 33414 US

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

Name: OLSON, BRENDA Address: 4215 LUCERNE VILLA LN. City-St-Zip: LAKE WORTH, FL 33467

Title: DP

Name: GOLDBERG, MARVIN
Address: 4400 LUCERNE VILLAS LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: DS

Name: DOWNES, HELEN
Address: 4265 LUCERN VILLAS LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: DT

Name: MCGLYNN, FRANCIS
Address: 4305 LUCERN VILLAS LANE
City-St-Zip: LAKE WORTH, FL 33467

Title:

Name: MCPHEE, NANCY

Address: 4530 LUCRENE VILLAS LANE
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARVIN GOLDBERG PRES 04/10/2012