

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749407

FILED
Apr 05, 2007
Secretary of State

Entity Name: LUCERNE OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2193569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JUAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: HALL, MOANA
Address: 1471 LANCELOT WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: TD () Delete
Name: SPEICHER, MARK
Address: 128 W AMERICA ST #24
City-St-Zip: ORLANDO, FL 32801

Title: SD () Delete
Name: ARREND, MARK
Address: 124 W AMERICA ST #16
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: HALL, MOANA
Address: 1471 LANCELOT WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: STD (X) Change () Addition
Name: SPEICHER, MARK
Address: 128 W AMERICA ST #24
City-St-Zip: ORLANDO, FL 32801

Title: PD (X) Change () Addition
Name: KIELY, COLLEEN
Address: 120 W AMERICA ST #6
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: COLLEEN KIELY

PD

04/05/2007

Electronic Signature of Signing Officer or Director

Date