

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750132

FILED
Mar 24, 2009
Secretary of State

Entity Name: LUCERNE HOMES EAST HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

6314 SUMMER SKY LANE
GREENACRES, FL 33463

New Principal Place of Business:

Current Mailing Address:

6314 SUMMER SKY LANE
GREENACRES, FL 33463 US

New Mailing Address:

FEI Number: 59-1972538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKER, KRIYOK, & STOLOFF, PA
1818 AUSTRALIAN AVE S.
SUITE 400
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

JAMES L. ARRINGTON
6355 SUMMER SKY LANE
GREENACRES, FL 33463 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: JAMES L. ARRINGTON

03/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: GAGLIARDO, MARIE
Address: 6316 SILVERMOON LN
City-St-Zip: GREENACRES, FL 33463

Title: P () Delete
Name: ARRINGTON, JAMES
Address: 6355 SUMMER SKY LANE
City-St-Zip: LAKE WORTH, FL 33463

Title: V () Delete
Name: CHUDY, ROBERT
Address: 6302 SILVERMOON LANE
City-St-Zip: LAKE WORTH, FL 33463

Title: S () Delete
Name: DEMBOWSKI, LINDA
Address: 6326 SUMMER SKY LANE
City-St-Zip: GREENACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ARRINGTON, JAMES L
Address: 6355 SUMMER SKY LANE
City-St-Zip: LAKE WORTH, FL 33463

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MARINARO, JOAN
Address: 6314 SILVER MOON LANE
City-St-Zip: GREENACRES, FL 33463

I hereby certify that the information supplied with this filing does not qualify 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: JAMES L. ARRINGTON

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date