

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90155 050 \*\*\*\*70.00

**DOCUMENT # 751483**

1. Entity Name  
LUCERNE LAKES NORTH SWIM CLUB, INC.



Principal Place of Business  
4119 LUCERNE LAKES BLVD  
LAKE WORTH, FL 33467 US

Mailing Address  
4119 LUCERNE LAKES BLVD  
LAKE WORTH, FL 33467 US

50011051



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02122006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
59-2052124

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERON, JOAN  
4125 PINE GREEN RUN  
LAKE WORTH, FL 33467

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Joan Heron* TREASURER

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/06

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | P                        | <input type="checkbox"/> Delete            |
| NAME           | HARRIS, JEAN             |  |
| STREET ADDRESS | 4415 LUCERNE VILLAS LANE |  |
| CITY-ST-ZIP    | LAKE WORTH, FL 33467     |  |
| TITLE          | T                        | <input type="checkbox"/> Delete            |
| NAME           | HERON, JOAN              |  |
| STREET ADDRESS | 4125 PINE GREEN RUN      |  |
| CITY-ST-ZIP    | LAKE WORTH, FL 33467     |  |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | WELEDNIGER, LOUISE       |  |
| STREET ADDRESS | 4360 LUCERNE VILLAS LANE |  |
| CITY-ST-ZIP    | LAKE WORTH, FL 33467     |  |
| TITLE          | VP                       | <input type="checkbox"/> Delete            |
| NAME           | CRAVEN, JEANNE           |  |
| STREET ADDRESS | 4410 LUCERNE VILLA LANE  |  |
| CITY-ST-ZIP    | LAKE WORTH, FL 33467     |  |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | HALPERN, LEWIS           |  |
| STREET ADDRESS | 4205 PINE GREEN RUN      |  |
| CITY-ST-ZIP    | LAKE WORTH, FL 33467     |  |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | NIEVES, ORLANDO          |  |
| STREET ADDRESS | 7052 PINE MANOR DR       |  |
| CITY-ST-ZIP    | LAKE WORTH, FL 33467     |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joan Heron*

TREASURER

561-042-2607  
4/6/06