2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2009
Secretary of State

DOCUMENT# 751483

Entity Name: LUCERNE LAKES NORTH SWIM CLUB, INC.

Current Principal Place of Business:

4119 LUCERNE LAKES BLVD
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

4119 LUCERNE LAKES BLVD
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 59-2052124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEWARD, RAY
4155 PINE GREEN RUN
LAKE WORTH, FL 33467 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:	P	( ) Delete
Name:	HARRIS, JEAN	
Address:	4415 LUCERNE VILLAS LANE	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:	T	( ) Delete
Name:	STEWARD, RAY	
Address:	4155 PINE GREEN RUN	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:	VP	( ) Delete
Name:	CRAVEN, JEANNE	
Address:	4410 LUCERNE VILLA LANE	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:	D	( ) Delete
Name:	MINTEER, RUSS	
Address:	7147 PINE MANOR DR	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:	D	( ) Delete
Name:	WEINSTOCK, BRENDA	
Address:	4450 LUCERNE VILLAS LN	
City-St-Zip:	LAKE WORTH, FL 33467	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	MINTEER, RUSS	
Address:	7147 PINE MANOR DRIVE	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	DIAZ, CARMEN	
Address:	4105 PINE BRANCH CIRCLE	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: RAY STEWARD TREA 02/01/2009

Electronic Signature of Signing Officer or Director — Date