## FILE NOW: FILING FEE IS \$61.25 FILED NONPROFIT FLORIDA DEPARTMENT OF STATE Aug 07 1997 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Sooretary of State Secretary of State DIVISION OF CORPORATIONS DOCUMENT # Lucerne Avenue Garden Condominium Association, Inc. Principal Place of Business Mailing Address 6720 Katherine Road West Palm Beach, FL 33413-3460 3. Date Incorporated 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0121034 Not Applicable LONGTESS \$8.75 Additional 5. Certificate of Status Desired П Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, 25 Florida Statutes Yes 🔽 No 29 10. Name and Address of New Registered Agent Name B. Reed 630 E. Ocean Ave Boynton Beach, FL **B**5 Zip Code 11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SI of registered agent and title if applicable (NO1E: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Aresident/Director TITLE 1.1 TITLE Change Addition Roger Jorn 8356 White Egret Why NAME Abe Marcadis 1.2 NAME 1622 N. Federal Hwy. 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Wosth. 1.4 CITY-ST-ZIP DELETE Change 2.1 TITLE TITLE Ruth Behrn 230 Cornell Henry Scheering B1 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS FL 33460 Change CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 31 TITLE TITLE charles R. Walker, Jr. Janet Boyd 3.2 NAME NAME 6720 Katherine 412 Harbour Pointe Way 3.3 STREET ADDRESS STREET ADDRESS West Palm Bra 34. CITY-S1-ZIP CITY-ST-ZIF DELETE TITLE 4 1 TITLE John Deese 3469 Summi NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5 1 TETLE ☐ Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition 6 1 TITLE TITLE 100002263 -08/11/97--01094 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS \*\*\*61.25 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

7/24/97 561-434-4960