4-21-95-B-4155-C

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 21 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **753551** **(1)**

1. Corporation Name

LAGO LUCERNE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3887 AUGUST DRIVE LAKE WORTH FL 33461	3887 AUGUST DRIVE LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1980
3a. Date of Last Report: 04/15/1994
4. FEI Number: 34-1337856 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOWARTH, MAUREEN R.
3887 AUGUST DR.
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	PD	X ☐ Change ☐ Addition
NAME	SARGENT, DONALD	1.2 NAME		Ira Rodgers
STREET ADDRESS	3971 AUGUST DR	1.3 STREET ADDRESS		3962 Carolina Drive
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP		Lake Worth, FL 33461
TITLE	PD	2.1 TITLE	VD	X ☐ Change ☐ Addition
NAME	LICHTMAN, ALVIN, MD	2.2 NAME		Anthony Lavender
STREET ADDRESS	3904 AUGUST DRIVE	2.3 STREET ADDRESS		3920 August Drive
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP		Lake Worth, FL 33461
TITLE	SD	3.1 TITLE	D	☐ Change X ☐ Addition
NAME	CARBONI, DOT	3.2 NAME		Joan Grant
STREET ADDRESS	3916 AUGUST DRIVE	3.3 STREET ADDRESS		3899 Carolina Drive
CITY-ST-ZIP	LAKE WORTH, FL 00000	3.4 CITY-ST-ZIP		Lake Worth, FL 33461
TITLE	TD	4.1 TITLE	D	☐ Change X ☐ Addition
NAME	EMMONS, LYNN	4.2 NAME		Rene Chapuis
STREET ADDRESS	3903 AUGUST DRIVE	4.3 STREET ADDRESS		3902 Carolina Drive
CITY-ST-ZIP	LAKE WORTH, FL 00000	4.4 CITY-ST-ZIP		Lake Worth, FL 33461
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ira E. Rodgers 4-19-95 (407) 533-5919
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

IRA E. RODGERS

091997