

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified

07/30/1980

3a. Date of Last Report

04/21/1995

4. FEI Number

34-1337856

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title of agent (if applicable)

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RODGERS, IRA	
STREET ADDRESS	3962 CAROLINA DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAVENDER, ANTHONY	
STREET ADDRESS	3920 AUGUST DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CARBONI, DOT	
STREET ADDRESS	3916 AUGUST DRIVE	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EMMONS, LYNN	
STREET ADDRESS	3903 AUGUST DRIVE	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRANT, JOAN	
STREET ADDRESS	3899 CAROLINA DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHAPUIS, RENE	
STREET ADDRESS	3902 CAROLINA DR	
CITY-ST-ZIP	LAKE WORTH FL	

13.

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SKD CONRY, ELEANOR
1.3 STREET ADDRESS	3914 CAROLINA DRIVE
1.4 CITY-ST-ZIP	LAKE WORTH FL
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KNauer, ARTHUR
2.3 STREET ADDRESS	3901 CAROLINA DRIVE
2.4 CITY-ST-ZIP	LAKE WORTH FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STRASSBERGER, WILLIAM
3.3 STREET ADDRESS	3921 LOUIS DRIVE
3.4 CITY-ST-ZIP	LAKE WORTH FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

IRA RODGERS, President, 4/25/96 407-533-5919

CR2E037 (12/95)