

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
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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 | |
| 4. FEI Number 34-1337856 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 | | 29 | |
| 25 | | 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|----------------------------|---------------------------------|
| 12. OFFICERS AND DIRECTORS | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | PD RODGERS, IRA |
| STREET ADDRESS | 3982 CAROLINA DRIVE |
| CITY-ST-ZIP | LAKE WORTH FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | SD MARINEAU, MARY |
| STREET ADDRESS | 3986 CAROLINA DRIVE |
| CITY-ST-ZIP | LAKE WORTH FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D KNAVER, ARTHUR |
| STREET ADDRESS | 3907 CAROLINA DR |
| CITY-ST-ZIP | LAKE WORTH, FL 00000 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | TD EMMONS, LYNN |
| STREET ADDRESS | 3903 AUGUST DRIVE |
| CITY-ST-ZIP | LAKE WORTH, FL 00000 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | VPD GRANT, JOAN |
| STREET ADDRESS | 3899 CAROLINA DR |
| CITY-ST-ZIP | LAKE WORTH FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D CARBONI, DORATHEA |
| STREET ADDRESS | 3916 AUGUST DRIVE |
| CITY-ST-ZIP | LAKE WORTH FL |

| | |
|--|--|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12/ | |
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | DELLINEU DAVID |
| 1.3 STREET ADDRESS | 3975 CAROLINA DRIVE |
| 1.4 CITY-ST-ZIP | LAKE WORTH, FL |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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 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: *[Signature]* **4-16-98** / **561** / **548-5919**

CR2E037 (10/97)