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Apr 23, 1999 8:00 am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 753551

1. Corporation Name

LAGO LUCERNE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3887 AUGUST DRIVE  
LAKE WORTH FL 33461

Mailing Address

3887 AUGUST DRIVE  
LAKE WORTH FL 33461



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/30/1980

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME RODGERS, IRA  
STREET ADDRESS 3962 CAROLINA DRIVE  
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

TITLE SD  
NAME MARINEAU, MARY  
STREET ADDRESS 3966 CAROLINA DRIVE  
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

TITLE D  
NAME KNAVER, ARTHUR  
STREET ADDRESS 3907 CAROLINA DR  
CITY-ST-ZIP LAKE WORTH, FL 00000

☐ DELETE

TITLE TD  
NAME EMMONS, LYNN  
STREET ADDRESS 3903 AUGUST DRIVE  
CITY-ST-ZIP LAKE WORTH, FL 00000

☐ DELETE

TITLE VPD  
NAME GRANT, JOAN  
STREET ADDRESS 3899 CAROLINA DR  
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

TITLE D  
NAME CARBONI, DORATHEA  
STREET ADDRESS 3916 AUGUST DRIVE  
CITY-ST-ZIP LAKE WORTH FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
DAVID PELLINEN  
3915 CAROLINA DRIVE  
LAKE WORTH, FL 33461

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
SMITH, ELLA  
3963 CAROLINA DRIVE  
LAKE WORTH, FL 33461

☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-19-99 561-533-5919

Date

Daytime Phone #

CR2E037 (1/1/98)