

DOCUMENT # 753551

1. Entity Name

LAGO LUCERNE HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90090 010 ****61.25

Principal Place of Business

Mailing Address

**3887 AUGUST DRIVE
LAKE WORTH FL 33461****3887 AUGUST DRIVE
LAKE WORTH FL 33461-3257**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1337856

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
RODGERS, IRA
3962 CAROLINA DRIVE
LAKE WORTH FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3962 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MARINEAU, MARY
3966 CAROLINA DRIVE
LAKE WORTH FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KNAVER, ARTHUR
3907 CAROLINA DR
LAKE WORTH FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPTD ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
EMMONS, LYNN
3903 AUGUST DRIVE
LAKE WORTH FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3903 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
GRANT, JOAN
3889 CAROLINA DR
LAKE WORTH FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPPELLINE, DAVID
3915 CAROLINA DR
LAKE WORTH, FL 33461** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, ELLA
3963 CAROLINA DR.
LAKE WORTH FL 33461** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/D ☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

IRA RODGERS**3-14-00****561-533-5919**