

**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90156 028 \*\*\*\*61.25

DOCUMENT # 753551

1. Entity Name

LAGO LUCERNE HOMEOWNERS ASSOC.  
4000 AUGUST DR  
LAKE WORTH FL 33461



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4000 AUGUST DR

3. Mailing Address

4000 AUGUST DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

4. FEI Number

34-1337856

Applied For

Not Applicable

Zip

33461

Country

PALM BEACH

Zip

33461

Country

PALM BEACH

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JANET COLLINS PRESIDENT

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

3897 LOUIS DRIVE

City

LAKE WORTH

FL

Zip Code

33461

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Janet Collins*

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

(NOTE: Registered Agent signature required when reinstating)

4/2/06

DATE

**FEE IS \$61.25**  
**Initial or Amended AR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT  
NAME JANET COLLINS  
STREET ADDRESS 3897 LOUIS DR  
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VICE PRESIDENT  
NAME ROBERT STRASSBERGER  
STREET ADDRESS 3935 AUGUST DR  
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SECRETARY  
NAME ROBERT CHERRY  
STREET ADDRESS 3919 CAROLINA DR  
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TREASURER  
NAME ELIZABETH WILSON  
STREET ADDRESS 3923 CAROLINA DR  
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR  
NAME JOSEPH SWIENTON  
STREET ADDRESS 3959 AUGUST DR  
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR  
NAME STACEY DIEFFENBACH  
STREET ADDRESS 3895 CAROLINA DR  
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Janet Collins*

4/2/06

561-540-2596