2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# 753551

Entity Name: LAGO LUCERNE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4000 AUGUST DR
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

4000 AUGUST DR
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 34-1337856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRASSBERGER, ROBERT
3935 AUGUST DR.
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	NEWTON, RICHARD	
Address:	3885 LOUIS DR.	
City-St-Zip:	LAKE WORTH, FL 33461	
Title:	PD	( ) Delete
Name:	STRASSBERGER, ROBERT	
Address:	3935 AUGUST DR	
City-St-Zip:	LAKE WORTH, FL 33461	
Title:	TD	( ) Delete
Name:	CHERRY, ROBERT	
Address:	3919 CAROLINA DR	
City-St-Zip:	LAKE WORTH, FL 33461	
Title:	VD	( ) Delete
Name:	SARGENT, DONALD	
Address:	3971 AUGUST DR.	
City-St-Zip:	LAKE WORTH, FL 33461	
Title:	D	( ) Delete
Name:	SWIENTON, JOSEPH	
Address:	3959 AUGUST DR	
City-St-Zip:	LAKE WORTH, FL 33461	
Title:	SD	( ) Delete
Name:	DIEFFENBACH, STACEY	
Address:	3595 CAROLINA DR	
City-St-Zip:	LAKE WORTH, FL 33461	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT STRASSBERGER P 04/12/2009

Electronic Signature of Signing Officer or Director — Date