## **2008 NOT-FOR-PROFIT CORPORATION**

## **FILED** Apr 21, 2008 8:00 am

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DOCUMENT # 754925  1. Entity Name VILLA DI LUCERNE CONDOMINIUM ASSOCIATION, INC.						Secretary of St 04-21-2008 90040 002 ****						
Principal Place of Business 616 LUCERINE AVE. LAKE WORTH, FL 33460 US			Mailing Address P.O. BOX 290 LAKE WORTH, FL 33460 US			: 1 (\$825) 1885	enn erere (2015)	<b>W1 81% 812</b> 15 <b>2</b> 7	en eivn eivi	I Film Bibli	191 E1 (EV)	
2. Principal P	lace of Business - No P.O.	Box # 3, Ma	3. Mailing Address									
Suite, Apt.	#, etc.	Si	Suite, Apt. #, etc.				04092008	Chg-NP	CR	2E037 (1	2/06)	
City & Stat	e e	a	City & State				E0 044E047			-	plied For Applicable	
Zip	Zip Country		Zip Co				5. Certificate	of Status Desire	ed 🔲		<b>75</b> Addi Required	
	6. Name and Address	of Current Register	ed Agent				7. Name and	Address of No	w Registe	red Agen	t	
LOBENZO	D. JOSE L ESQ.			-	Name-	Jo	NAL	LEN	~			
TWENTY	), JOSE L'ESQ. FIVE SEABREEZE A' BEACH, FL 33483	VE., STE. 202	02				P.O. Box Numbe		table)		<del></del>	
DELIVITE	527011,12 00700				616 LUCERNE AVE. =					<i>,</i> ====	5	
City_LA						7KE	WOR	TH		FL   🕏	SP Code	460
	named entity submits this	statement for the purp	pose of changing its	register	ed office or	register	ed agent, or both	h, in the State (	of Florida.	l am famili	ar with, a	and accept
the obligat	tions of registered agent.											
•	May 2 1)	10 )							4	13-	-o E	_
SIGNATURE	Signature, typed or printed name of	LLLY registered agent and title if ep	xplicable. (NOT)	E: Registere	ed Agent signat	ure required	when reinstating)			/3- ate	-o €	<u> </u>
SIGNATURE	Stordare, typed or printed name of the Filling Fee is \$61.25 Due by May 1, 2005	5	9. Election Can Trust Fund C	npaign F	inancing	ura required	\$5.00 May Bo Added to Fees	Đ.		heck pay	yable to	•
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

Grev.

CITY-ST-ZIP

SIGNATURE: