

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754925

FILED
Apr 10, 2009
Secretary of State

Entity Name: VILLA DI LUCERNE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

616 LUCERINE AVE.
LAKE WORTH, FL 33460 US

New Principal Place of Business:

616 LUCERNE AVE.
LAKE WORTH, FL 33460 US

Current Mailing Address:

P.O. BOX 290
LAKE WORTH, FL 33460 US

New Mailing Address:

FEI Number: 59-2115817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, JON
616 LUCERNE AVE. #5
LAKE WORTH, FL 33460 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: PD () Delete
Name: ALLEN, JON
Address: 616 LUCERNE AVE #5
City-St-Zip: LAKE WORTH, FL 33460

Title: VSD () Delete
Name: COOKE, ZACHARY
Address: 1312 YILLA LANE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: SD () Delete
Name: DESCHENE, SANDRA
Address: 616 LUCERNE AVE #14
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALLEN, JON
Address: 616 LUCERNE AVE #5
City-St-Zip: LAKE WORTH, FL 33460 US

Title: VSD (X) Change () Addition
Name: COOKE, ZACHARY
Address: 1312 VILLA LANE
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: SD (X) Change () Addition
Name: DESCHENE, SANDRA
Address: 616 LUCERNE AVE #14
City-St-Zip: LAKE WORTH, FL 33460 US

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: JON ALLEN

PD

04/10/2009

Electronic Signature of Signing Officer or Director

_____ Date