


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000005156	
1. Entity Name LUCERNE PARK CONDO. ASSN. #28, INC.	

Principal Place of Business 3089 LUCERNE PARK DR GREEN ACRES, FL 33467	Mailing Address 3121 W MEDINAH CIRCLE LAKE WORTH, FL 33467
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02082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0104510	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KOSKY, FRANK 3089 LUCERNE PARK DR GREENACRES, FL 33467

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ (NOTE: Registered Agent signature required when rehashing) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000435949
02/27/06-80015-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAINBOW, DORIS 2328 S CONGRESS AVENUE, SUITE 2A WEST PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROGIN, ANNE 2328 S CONGRESS AVENUE, SUITE 2A WEST PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHARTMAN, PATTI 3092 LUCERNE PARK DR GREENACRES, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOSKY, FRANK 2328 S CONGRESS AVENUE, SUITE 2A LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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.

SIGNATURE: Frank Kosky **FRANK KOSKY** 2/1/06 561-649 3033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

City/State Phone #