

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 29 AM 8:44

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11152006 Chg-NP CR2E037 (4/06)

4. FEI Number
63-0104510

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOSKY, FRANK
3089 LUCERNE PARK DR
GREENACRES, FL 33467

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Amended AR is \$61.25

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 D ☐ Delete
NAME RAINBOW, DORIS
STREET ADDRESS 2328 S CONGRESS AVENUE, SUITE 2A
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE SD ☒ Delete
NAME ROGIN, ANNE
STREET ADDRESS 2328 S CONGRESS AVENUE, SUITE 2A
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE SD ☒ Delete
NAME SCHARTMAN, PATTI
STREET ADDRESS 3092 LUCERNE PARK DR
CITY-ST-ZIP GREENACRES, FL 33467

TITLE PD ☐ Delete
NAME KOSKY, FRANK
STREET ADDRESS 2328 S CONGRESS AVENUE, SUITE 2A
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR ☒ Change ☐ Addition
NAME RAINBOW, DORIS
STREET ADDRESS 3093 LUCERNE PARK DR
CITY-ST-ZIP GREENACRES, FL 33467

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRES. ☐ Change ☒ Addition
NAME DICK BYER
STREET ADDRESS 3060 LUCERNE PARK DR,
CITY-ST-ZIP GREENACRES, FL 33467

TITLE ☐ Change ☒ Addition
NAME RITA KIVIAT
STREET ADDRESS 3094 LUCERNE PARK DR
CITY-ST-ZIP GREENACRES, FL 33467

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

11/14/2006 561-649-3033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #