

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005156

FILED
Jan 09, 2008
Secretary of State

Entity Name: LUCERNE PARK CONDO. ASSN. #28, INC.

Current Principal Place of Business:

3089 LUCERNE PARK DR
GREEN ACRES, FL 33467

New Principal Place of Business:

Current Mailing Address:

3121 W MEDINAH CIRCLE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 63-0104510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYER, DICK
3060 LUCRENE PARK DR.
GREENACRES, FL 33467 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: RAINBOW, DORIS
Address: 3093 LUCERNE PARK DRIVE
City-St-Zip: GREEN ACRES, FL 33467

Title: P () Delete
Name: BYER, DICK
Address: 3060 LUCRENE PARK DRIVE
City-St-Zip: GREEN ACRES, FL 33467

Title: S () Delete
Name: KIVIAT, RITA
Address: 3094 LUCRENE PARK DRIVE
City-St-Zip: GREENACRES, FL 33467

Title: V () Delete
Name: KOSKY, FRANK
Address: 3089 LUCRENE PARK DR
City-St-Zip: LAKE WORTH, FL 33467

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:

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: APRIL M EADS

MRS.

01/09/2008

Electronic Signature of Signing Officer or Director

Date