


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90017 016 \*\*\*\*61.25

<b>DOCUMENT # N03000008262</b> 1. Entity Name LUCERNE POINTE CONDOMINIUM "C" ASSOCIATION, INC.	
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Principal Place of Business G.R.S. MGMT ASSOC. INC. 3900 WOODLAKE BLVD STE 309 LAKE WORTH, FL 33463	Mailing Address G.R.S. MGMT ASSOC. INC. 3900 WOODLAKE BLVD STE 309 LAKE WORTH, FL 33463
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**DO NOT WRITE IN THIS SPACE**

40027061



01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0948660	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  KRIVOK, JAMES N PT 1818 AUSTRALIAN AVE S 400 WEST PALM BEACH, FL 33409
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**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAYBLUM, LORRAINE 4723 LUCERNE LAKES BLVD., #641 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GENATT, ADRIENNE 4723 LUCERNE LAKES BLVD STE 642 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEBB, LYDA 4721 LUCERNE LAKES BLVD STE 711 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLT, ANN 4723 LUCERNE LAKES BLVD #636 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMAKOU, MAX 4721 LUCERNE LAKES BLVD #714 LAKE WORTH, FL 33467
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.

<b>SIGNATURE:</b> 	<b>2/18/08</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>