

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

DOCUMENT # N03000008263

1. Entity Name
LUCERNE LAKES CONDOMINIUM ASSOCIATION, INC.



07 NOV -1 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11.6.07

dy



Principal Place of Business
4400 W SAMPLE ROAD
STE 118
COCONUT CREEK, FL 33073

Mailing Address
4400 W SAMPLE ROAD
STE 118
COCONUT CREEK, FL 33073

2. Principal Place of Business - No P.O. Box #
ChGRES Management Assoc
Suite, Apt. #, etc.
3900 Woodlake Blvd STE 309

3. Mailing Address
Suite, Apt. #, etc.
Same

City & State
Lake Worth FL

City & State

Zip
33463

Country
US

Zip

Country

10242007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-0948611

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROTHENBERG, LARRY ESQ.
815 CORAL RIDGE DR.
POMPANO BEACH, FL 33071

7. Name and Address of New Registered Agent

Name ROBERT BAYLOR

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

4720 Lucerne Lakes Blvd #803

City Lake Worth

FL

Zip Code
33467

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 reinstating)

DATE

10/29/07

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 DP
NAME MOSCOVITCH, LEWIS M ☒ Delete
STREET ADDRESS 4400 W SAMPLE ROAD, # 118
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE DVP
NAME MOSCOVITCH, CARLA M ☒ Delete
STREET ADDRESS 4400 W SAMPLE ROAD, # 118
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Change ☒ Addition
NAME Baylor, Robert
STREET ADDRESS 4720 Lucerne Lakes Blvd #803
CITY-ST-ZIP Lake Worth, FL 33467

TITLE DVPT ☐ Change ☒ Addition
NAME JACKSON, NANCY
STREET ADDRESS 4720 Lucerne Lakes Blvd #803
CITY-ST-ZIP Lake Worth, FL 33467

TITLE DS ☐ Change ☒ Addition
NAME KOBLEN, Shelley
STREET ADDRESS 4720 Lucerne Lakes Blvd #814
CITY-ST-ZIP Lake Worth, FL 33467

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

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

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

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, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/07