


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90028 034 ****70.00

DOCUMENT # N06000002978 1. Entity Name THE LUCERNE ASSOCIATION, INC.			
Principal Place of Business 7900 GLADES ROAD SUITE 320 BOCA RATON, FL 33434		Mailing Address 7900 GLADES ROAD SUITE 320 BOCA RATON, FL 33434	
2. Principal Place of Business - No P.O. Box # 511 Lucerne Avenue Suite, Apt. #, etc. Association Box City & State Lake Worth, FL Zip 33460 Country USA		3. Mailing Address 511 Lucerne Avenue Suite, Apt. #, etc. Association Box City & State Lake Worth, FL Zip 33460 Country USA	
4. FEI Number 20-4483164		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, CALEB 511 LUCERNE AVE UNIT 502 LAKE WORTH, FL 33460		7. Name and Address of New Registered Agent Name Francis Bartram Street Address (P.O. Box Number is Not Acceptable) 511 Lucerne Avenue Unit # 302 City Lake Worth FL Zip Code 33460	
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 <u>Francis Bartram</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>Feb. 11, 2008</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUTCHENS, WILLIS 511 LUCERNE AVENUE, UNIT 612 LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hutchens, Willis 511 Lucerne Avenue Unit 612 Lake Worth, FL 33460 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WINNICK, NATHALIE J 7900 GLADES ROAD, SUITE 320 BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Steven Mogell 511 Lucerne Avenue, Unit 318 Lake Worth, FL 33460 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KOOLIK, GARY 7900 GLADES ROAD, SUITE 320 BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Francis Bartram 511 Lucerne Avenue, Unit 302 Lake Worth, FL 33460 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Limburg 511 Lucerne Avenue, Unit 504 Lake Worth, FL 33460 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ricardo Martinez 347 North New River Drive East, Apt. E-310 Ft. Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Francis Bartram</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>Feb 11, 2008</u> Daytime Phone #	