2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

_	ANNUAL	Se	Secretary of State				
DOCUMENT # N06000002978				563x	02-13-2008 90028 034 ****70.00		
1. Entity Name THE LUCERNE ASSOCIATION, INC.							
THE LUCERNE ASSOCIATION, INC.							
Principal Plac		Mailing Address		-			
7900 GLADE	S ROAD	7900 GLADES ROAD Suite 320					
SUITE 320 SUITE 320 Boca Raton, Fl. 33434 Boca Raton, Fl. 33434			1 48 8 10 8 10 8 10 8 10		**************************************		
Principal Place of Business - No P.O. Box # 3. Mailing Address							
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 511 Luceine Avenue 511 Luceine			re Averu		N STATA OBSUM COURT ZOCIAN COURT BOURT ATOMIC VIR	TIL IMM DE JATISTI AT FRAN	
Suite, Apt. #, etc. Si		Suite, Apt. #, etc.	Suite, Apt. #, etc.		chg-NP CR2E037 (1	12/06)	
			Association Box City & State			Applied For	
		Lake Wor	Lake Worth, FL		64	Not Applicable	
Zip	Country	Zip 3-3-4-60	Country 	5. Certificate of S	Status Desired	.75 Additional Required	
6. Name and Address of Current Registered Agent			277	7. Name and Address of New Registered Agent			
ALLEN, CALEB			Name /	Name Francis Bartran			
511 LUCE			Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
UNIT 502	RTH, FL 33460			511 Luceine Avenue			
	N111, 1 E 00-100		City	City / Tip Code			
The above named entity submits this statement for the purpose of changing its registered or the purpose.				Lake Worth FL 33460			
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or i	registered agent, or both, i	n the State of Fiorida. I am famil	liar with, and accept	
\	-12 a V 15 1971	ban.			7.611 7	1108	
SIGNATURE	Signalure, typed or privile garne of registered egent ar		Registered Agent signatur	re required when reinstating)	Feb. 11, I	008	
SIGNATURE			aign Financing	\$5.00 May Be Added to Fees	Make check pa	yable to	
10.	Signature, typed or printing fame of registered agent at Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRI	9. Election Camp Trust Fund Co	eaign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make check pa Florida Departme BES TO OFFICERS AND DIREC	yable to nt of State	
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12. I hereby certify that the information supplied with this filling 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 ceth; 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.

CITY-ST-ZIP

SIGNATURE: Janus Balliam

SIGNATURE SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Feb 11, 2005

Daytime Phone #