

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002978

FILED
Mar 26, 2009
Secretary of State

Entity Name: THE LUCERNE ASSOCIATION, INC.

Current Principal Place of Business:

511 LUCERNE AVENUE
ASSOCIATION BOX
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

511 LUCERNE AVENUE
ASSOCIATION BOX
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 20-4483164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTRAM, FRANCIS
511 LUCERNE AVE
UNIT 302
LAKE WORTH, FL 33460 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: PD () Delete
Name: HUTCHENS, WILLIS
Address: 511 LUCERNE AVENUE, UNIT 612
City-St-Zip: LAKE WORTH, FL 33460

Title: VD () Delete
Name: MCGELL, STEVEN
Address: 511 LUCERNE AVENUE, UNIT 318
City-St-Zip: LAKE WORTH, FL 33460

Title: TSD () Delete
Name: BARTRAM, FRANCIS
Address: 511 LUCERNE AVENUE, UNIT 302
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: LIMBURG, ROBERT
Address: 511 LUCERNE AVENUE, UNIT 504
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: MARINEZ, RICARDO
Address: 347 NORTH NEW RIVER DRIVE EAST, APT E-210
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SHEPHERD, DANIEL
Address: 1902 NORTE DAME DRIVE
City-St-Zip: LAKE WORTH, FL 33460

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROMANO, ANGELO
Address: 1705 ASHBY ROAD
City-St-Zip: PALM BEACH, FL 33408

Title: D (X) Change () Addition
Name: MARTINEZ, RICARDO
Address: 347 NORTH NEW RIVER DRIVE EAST, APT E-210
City-St-Zip: FORT LAUDERDALE, FL 33301

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: FRANCIS J. BARTRAM

TSD

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date