

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL -5 AM 10:47

DOCUMENT # N06134

1. Entity Name
**LUCERNE AT WOODLANDS HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**3219 THOMASVILLE RD
19A
TALLAHASSEE, FL 32312**

Mailing Address
**3219 THOMASVILLE RD
19A
TALLAHASSEE, FL 32312**

DO NOT WRITE IN THIS SPACE



06082006 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2589866

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BREWER, DURWARD N
3219 THOMASVILLE ROAD
#19A
TALLAHASSEE, FL 32312**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BREWER, DURWARD 3219 THOMASVILLE ROAD, #19A TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMP, MICHAEL 3315 AQUA RIDGE WAY TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARINO, CHRIS 3219 THOMASVILLE RD., 17D TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIDDLE, CHAD 3219 THOMASVILLE RD, 2C TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

**800077390168
07/12/06--01027--025 **61.25**

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: *Durward Brewer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/06 *488-9622*
Date Daytime Phone #

Williams JUL - 5 2006