

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10718

FILED  
Apr 02, 2009  
Secretary of State

**Entity Name:** LAKE LUCERNE CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

1625 NW 188TH TERRACE  
MIAMI GARDENS, FL 331693601

**New Principal Place of Business:**

**Current Mailing Address:**

1625 NW 188TH TERRACE  
MIAMI GARDENS, FL 331693601

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FERGUSON, BETTY  
1625 NW 188TH TERRACE  
MIAMI GARDENS, FL 331693601 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: D ( ) Delete  
Name: SMITH, JANICE  
Address: 20525 NW 21ST AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D ( ) Delete  
Name: DYKES, DAVID  
Address: 20513 NW 22ND PLACE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D ( ) Delete  
Name: MONCUR, JOYCE  
Address: 20620 NW 22ND AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: JANICE SMITH

D

04/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date