

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13205

FILED
Feb 02, 2009
Secretary of State

Entity Name: LUCERNE PARK CONDOMINIUM ASSOCIATION NO. SEVEN, INC.

Current Principal Place of Business:

3343 PERIMETER DR
BLDG 14
GREENACRES, FL 33467

New Principal Place of Business:

3338 PERIMETER DR
GREENACRES, FL 33467

Current Mailing Address:

3343 PERIMETER DR
BLDG 14
GREENACRES, FL 33467

New Mailing Address:

3338 PERIMETER DR
GREENACRES, FL 33467

FEI Number: 59-2772173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALDMAN, PEARL
3341 PERIMETER DR BLDG 14
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

ARONSON, DOROTHEA
3338 PERIMETER DR
LAKE WORTH, FL 33467 US

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: DOROTHEA ARONSON

02/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZWEIBEL, ANN
Address: 3331 PERIMETER DR
City-St-Zip: GREENACRES, FL 33467

Title: VT () Delete
Name: ARONSON, DOROTHEA
Address: 3338 PERIMETER DR
City-St-Zip: GREENACRES, FL 33467

Title: S () Delete
Name: SNIDER, ELAINE
Address: 3326 PERIMETER DR BLDG 15
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: FELDMAN, PEARL
Address: 3341 PERIMETER DRIVE
City-St-Zip: GREENACRES, FL 33467

Title: D () Delete
Name: SATTIN, MARILYN
Address: 3341 PERIMETER DRIVE
City-St-Zip: GREENACRES, FL 33467

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:

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: DOROTHEA ARONSON

VT

02/02/2009

Electronic Signature of Signing Officer or Director

Date