

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14453

FILED
May 01, 2010
Secretary of State

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

Current Principal Place of Business:

11360 FORTUNE CIRCLE
SUITE E-6A
WELLINGTON, FL 33414 US

New Principal Place of Business:

C/O A&G MANAGEMENT SERVICES
11360 FORTUNE CIRCLE, SUITE E6A
WELLINGTON, FL 33414 US

Current Mailing Address:

11924 FOREST HILL BLVD. # 22
PMB 221
WELLINGTON, FL 33414 US

New Mailing Address:

C/O A&G MANAGEMENT SERVICES
11360 FORTUNE CIRCLE, SUITE E6A
WELLINGTON, FL 33414 US

FEI Number: 59-2764844 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

A & G MANAGEMENT SERVICES
11360 FORTUNE CIRCLE
SUITE E-6A
WELLINGTON, FL 33414 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: CUDNIK, JOSEPHINE
Address: 11360 FORTUNE CIRCLE, SUITE E6A
City-St-Zip: WELLINGTON, FL 33414 US

Title: DS
Name: HINES, FRANCINE
Address: 11360 FORTUNE CIRCLE, SUITE E6A
City-St-Zip: WELLINGTON, FL 33414

Title: DT
Name: MERKIN, HOWARD
Address: 11360 FORTUNE CIRCLE, SUITE E6A
City-St-Zip: WELLINGTON, FL 33414

Title: D
Name: SCHULTZ, ROSEMARY
Address: 11360 FORTUNE CIRCLE, SUITE E6A
City-St-Zip: WELLINGTON, FL 33414

Title: D
Name: MAYBAUM, HARRIET
Address: 11360 FORTUNE CIRCLE, SUITE E6A
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: JOSEPHINE CUDNIK

DP

05/01/2010

Electronic Signature of Signing Officer or Director

Date