

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90572 010 ****61.25

DOCUMENT # N15238

1. Entity Name
**LUCERNE PARK CONDOMINIUM ASSOCIATION NO.
NINE, INC.**



Principal Place of Business
**2328 S. CONGRESS AVE., 2A
WEST PALM BEACH, FL 33406 US**

Mailing Address
**2328 S. CONGRESS AVE., 2A
WEST PALM BEACH, FL 33406 US**

20036691



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2814196

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEDARD NADEAU, JOHN
3214 PERIMETER DRIVE
GREENACRES, FL 33467**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete
NAME **DOVE, ANTOINETTE**
STREET ADDRESS **2328 S CONGRESS AVE. STE. 2A**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **TD** ☐ Change ☒ Addition
NAME **ROBINSON, RALPH**
STREET ADDRESS **2328 S. CONGRESS AVE., SUITE 2A**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **D** ☐ Delete
NAME **BARKAN, JOEL**
STREET ADDRESS **2328 S CONGRESS AVE., STE. 2A**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DPD** ☐ Delete
NAME **MEDARD, NADEAU J**
STREET ADDRESS **2328 S CONGRESS AVE., STE. 2A**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **PD** ☒ Change ☐ Addition
NAME **NADEAU, JOHN MEDARD**
STREET ADDRESS **2328 S. CONGRESS AVE., SUITE 2A**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **VP** ☒ Delete
NAME **MALAS, GEORGE**
STREET ADDRESS **2328 S CONGRESS AVE., STE. 2A**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **MONTE, SILVANO P**
STREET ADDRESS **2328 S CONGRESS AVE., STE. 2A**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **VPD** ☒ Change ☐ Addition
NAME **MONTE, SILVANO P**
STREET ADDRESS **2328 S. CONGRESS AVE., SUITE 2A**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **D** ☐ Delete
NAME **CAINE, MYRNA**
STREET ADDRESS **2328 S CONGRESS AVE., STE. 2A**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **SD** ☒ Change ☐ Addition
NAME **CAINE, MYRNA**
STREET ADDRESS **2328 S. CONGRESS AVE., SUITE 2A**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SILVANO P. MONTE
Silvano P. Monte - V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 15, 2005

Date

561-969-3914

Daytime Phone #