


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90159 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2814196	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MEDARD NADEAU, JOHN 3214 PERIMETER DRIVE GREENACRES, FL 33467				7. Name and Address of New Registered Agent Name J. MEDARD NADEAU 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	TD ROBINSON, RALPH 2326 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKAN, JOEL 2328 S CONGRESS AVE., STE. 2A WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDARD, NADEAU J 2328 S CONGRESS AVE., STE. 2A WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MONTE, SILVANO P 2328 S CONGRESS AVE., STE. 2A WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAINE, MYRNA 2328 S CONGRESS AVE., STE. 2A WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APOSTOLA, CYNTHIA 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NADEAU, J. MEDARD 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: J. Medard Nadeau (J. MEDARD NADEAU 3-3-06) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					