

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90001 050 \*\*\*\*61.25

<b>DOCUMENT # N15238</b> 1. Entity Name <b>LUCERNE PARK CONDOMINIUM ASSOCIATION NO. NINE, INC.</b>					
Principal Place of Business <b>2328 S. CONGRESS AVE., 2A WEST PALM BEACH, FL 33406 US</b>			Mailing Address <b>2328 S. CONGRESS AVE., 2A WEST PALM BEACH, FL 33406 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2814196</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>NADEAU, J. MEDARD 3214 PERIMETER DRIVE GREENACRES, FL 33467</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBINSON, RALPH</b> <b>2326 S. CONGRESS AVE., SUITE 2A</b> <b>WEST PALM BEACH, FL 33406</b>	<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	<b>D</b> <b>APOSTOLA, CYNTHIA</b> <b>2328 S CONGRESS AVE., STE. 2A</b> <b>WEST PALM BEACH, FL 33406</b>	<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	<b>PD</b> <b>NADEAU, J. MEDARD</b> <b>2328 S CONGRESS AVE., STE. 2A</b> <b>WEST PALM BEACH, FL 33406</b>	<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	<b>VPD</b> <b>MONTE, SILVANO P</b> <b>2328 S CONGRESS AVE., STE. 2A</b> <b>WEST PALM BEACH, FL 33406</b>	<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	<b>SD</b> <b>CAINE, MYRNA</b> <b>2328 S CONGRESS AVE., STE. 2A</b> <b>WEST PALM BEACH, FL 33406</b>	<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	<b>T</b> <b>DIMARIO, MADELINE</b> <b>2328 S CONGRESS AVE SUITE 2A</b> <b>WEST PALM BEACH, FL 33406</b>	<input type="checkbox"/> Delete	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* 3-11-08 561-433-1081  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40046149

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ANNUAL REPORT**

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LUCERNE PARK CONDOMINIUM ASSOCIATION,  
NO. NINE, INC.

2328 S. CONGRESS AVE.  
SUITE 2A  
WEST PALM BEACH, FL  
33406 USA

FEI Number  
59-2814196

**ADDITIONS**

D  
WHEELER SHIRLEY  
2328 S. CONGRESS AVE., SUITE 2A  
WEST PALM BEACH, FL 33406

Addition