2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N15238

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2814196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NADEAU, J. MEDARD
3214 PERIMETER DRIVE
GREENACRES, FL 33467 US

Name and Address of New Registered Agent:

ST. JOHN, CORE & LEMME, P.A.
1601 FORUM PLACE
SUITE 701
WEST PALM BEACH, FL 33401 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: DAVID ST. JOHN 04/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ROBINSON, RALPH
Address: 2326 S. CONGRESS AVE., SUITE 2A
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D ( ) Delete
Name: APOSTOLA, CYNTHIA
Address: 2328 S CONGRESS AVE., STE. 2A
City-St-Zip: WEST PALM BEACH, FL 33406

Title: PD ( ) Delete
Name: NADEAU, J. MEDARD
Address: 2328 S CONGRESS AVE., STE. 2A
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VPD ( ) Delete
Name: MONTE, SILVANO P
Address: 2328 S CONGRESS AVE., STE. 2A
City-St-Zip: WEST PALM BEACH, FL 33406

Title: SD ( ) Delete
Name: CAINE, MYRNA
Address: 2328 S CONGRESS AVE., STE. 2A
City-St-Zip: WEST PALM BEACH, FL 33406

Title: T ( ) Delete
Name: DIMARIO, MADELINE
Address: 2328 S CONGRESS AVE SUITE 2A
City-St-Zip: WEST PALM BEACH, FL 33406

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:

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: J. MEDARD NADEAU P 04/15/2009
Electronic Signature of Signing Officer or Director Date