2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 21, 2007 8:00 am DOCUMENT # N15239 Secretary of State 1. Entity Name 02-21-2007 90029 014 ****61.25 LUCERNE PARK CONDOMINIUM ASSOCIATION NO. TEN. INC. Principal Place of Business Mailing Address 3267 PERIMETER DR LAKE WORTH FL 33467 3267 PERIMETER DR LAKE WORTH FL 33467 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 65-0030058 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bilodeau DIANE BALLARD, CARMEN 3291 PERIMETER DR GREEN ACRES FL 33467 GREEN ACRES 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. MLE TITLE TD ☐ Delete ☐ Addition (Z) Change DIAME BILOCLAU NAME BILODEAU, DIANE NAME 3267 PER; METER DR GREENACKES FL 33467 STREET ADDRESS 3267 PERIMETER DR. STRLET ADDRESS CITY - ST - ZIP **GREEN ACRES FL 33467** CITY-ST-ZIP TITLE **A** Delete THILE VD ∠ Change Addition Joseph BAINLARDI 3271 PERIMETER DR NAME BALLARD, CARMEN NAME STREET ADDRESS 3273 PERIMETER DR STREET ADDRESS CITY ST-ZIP CHY-S1-ZIP GREEN ACRES FL 33467 ☐ Delete HILE Change HILL ☐ Addition NAME RACHLIN, SID STREET ADDRESS 3265 PERIMETER DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GREENACRES FL 33467 TITLE Delete. THE Change Addition BERNARD E/BAUM 3263 PERIMETER DR NAME MORGAN, DEANA NAME STREET ADDRESS STREET ADDRESS 3287 PERIMETER CITY-ST-ZIP CITY-ST-ZIP REENACRES FL 33467 GREEN ACRES FL 33467 ☐ Delete TITLE TITLE ☐ Change Addition La NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILL □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7/P

FILED

SIGNATURE: Merie Belocleare Dinne Biloden 2/4/07 561-504-0332

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 eath; 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.