


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90001 001 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N15240</b>					
1. Corporation Name <b>LUCERNE PARK CONDOMINIUM ASSOCIATION NO. ELEVEN, INC.</b>					
Principal Place of Business <b>C/O GEORGE ROTHBART 3229 PERIMETER DRIVE LAKE WORTH FL 33467</b>			Mailing Address <b>C/O GEORGE ROTHBART 3229 PERIMETER DRIVE LAKE WORTH FL 33467</b>		

88243 90001 1 3



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/04/1986</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2826445</b>			
22 City & State	27 City & State	Applied For Not Applicable			
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
9. Name and Address of Current Registered Agent <b>ROTHBART, GEORGE 3229 PERIMETER DR. LAKE WORTH FL 33467</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL	85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDSCHMIDT, MILTON</b>	1.2 NAME	
STREET ADDRESS	<b>3237 PERIMETER DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEYTON, LEONA</b>	2.2 NAME	
STREET ADDRESS	<b>3231 PERIMETER DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTHBART, GEORGE</b>	3.2 NAME	
STREET ADDRESS	<b>3229 PERIMETER DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAZARUS, SHIRLEY</b>	4.2 NAME	
STREET ADDRESS	<b>3203 PERIMETER DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/2/99 581-967-5219**