

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

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90044 015 \*\*\*\*61.25

**DOCUMENT # N15240**

1. Entity Name

**LUCERNE PARK CONDOMINIUM ASSOCIATION NO.  
ELEVEN, INC.**



Principal Place of Business

**C/O GEORGE ROTHBART  
3229 PERIMETER DRIVE  
GREENACRES FL 33467**

Mailing Address

**C/O GEORGE ROTHBART  
3229 PERIMETER DRIVE  
GREENACRES FL 33467**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2826445**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

**ROTHBART, GEORGE  
3229 PERIMETER DR.  
GREENACRES FL 33467**

7. Name and Address of New Registered Agent

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: SD ☐ Delete  
NAME: LAZARUS, SHIRLEY  
STREET ADDRESS: 3203 PERIMETER DR  
CITY-ST-ZIP: GREEN ACRES FL 33467

TITLE: D ☐ Delete  
NAME: ROTHBART, GEORGE  
STREET ADDRESS: 3229 PERIMETER DRIVE  
CITY-ST-ZIP: GREENACRES FL 33467

TITLE: PD ☒ Delete  
NAME: GROUBERT, JUDITH  
STREET ADDRESS: 3217 PERIMETER DRIVE  
CITY-ST-ZIP: GREENACRES FL 33467

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: T. LEYTON, LEONA ☐ Change ☒ Addition  
NAME: 3231 PERIMETER DRIVE  
STREET ADDRESS: GREENACRES, FL 33467  
CITY-ST-ZIP:

TITLE: P. ROTHBART, GEORGE ☒ Change ☐ Addition  
NAME: 3229 PERIMETER DR.  
STREET ADDRESS: GREENACRES FL 33467  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Leona Leyton* - LEONA LEYTON TREAS.

Date

Daytime Phone #

6719