

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90068 023 ****61.25

DOCUMENT # N18875

1. Entity Name
LUCERNE GREENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2950 JOG RD
GREENACRES, FL 33467

Mailing Address
2950 JOG RD
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

02062008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2787572

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICKER, EDWARD ESQ.
1818 AUSTRALIAN AVE S STE 400
W PALM BCH, FL 33409

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME KLEINERT, ERIC ☒ Delete
STREET ADDRESS 4693 LUCERNE LAKES BLVD
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE PD
NAME Lisa Campbell ☐ Change ☒ Addition
STREET ADDRESS 4689 Lucerne Lakes Blvd., #103
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE VPD
NAME ILLUZZI, JOHN ☒ Delete
STREET ADDRESS 4704 LUCERNE LAKES BLVD. #206
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE VTD
NAME Timothy Kidd ☐ Change ☒ Addition
STREET ADDRESS 4699 Lucerne Lakes Blvd., #101
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE SD
NAME MIELE, HARRIET ☒ Delete
STREET ADDRESS 4704 LUCERNE LAKES BLVD 102
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE SD
NAME John Campbell, Jr. ☐ Change ☒ Addition
STREET ADDRESS 4688 Lucerne Lakes Blvd., #103
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE D
NAME CLANCY, TIMOTHY ☒ Delete
STREET ADDRESS 4693 LUCERNE LAKES BLVD 202
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE D
NAME Fausto Paez ☐ Change ☒ Addition
STREET ADDRESS 4711 Lucerne Lakes Blvd., #203
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE DT
NAME DOMMER, THERESA ☒ Delete
STREET ADDRESS 4688 LUCERNE LAKES BLVD 203
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE D
NAME Dorothy Matthews ☐ Change ☒ Addition
STREET ADDRESS 4711 Lucerne Lakes Blvd., #104
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Lisa Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa Campbell 02/06/08

Date

Daytime Phone #

(561)

641-1014