

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18875

FILED
May 01, 2010
Secretary of State

Entity Name: LUCERNE GREENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2950 JOG RD
GREENACRES, FL 33467

New Principal Place of Business:

C/O A&G MANAGEMENT SERVICES
11360 FORTUNE CIRCLE, SUITE E6A
WELLINGTON, FL 33414

Current Mailing Address:

2950 JOG RD
GREENACRES, FL 33467

New Mailing Address:

C/O A&G MANAGEMENT SERVICES
11360 FORTUNE CIRCLE, SUITE E6A
WELLINGTON, FL 33414

FEI Number: 59-2787572 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

A & G MANAGEMENT SERVICES
11360 FORTUNE CIRCLE
SUITE E6A
WELLINGTON, FL 33414 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: GEORGE PALERMO

05/01/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: PRODAN, KATHLEEN
Address: 11360 FORTUNE CIRCLE, SUITE E6A
City-St-Zip: WELLINGTON, FL 33414

Title: DVPS
Name: SCHEFFERMAN, JULIAN
Address: 11360 FORTUNE CIRCLE, SUITE E6A
City-St-Zip: WELLINGTON, FL 33414

Title: DT
Name: PAEZ, FAUSTO
Address: 11360 FORTUNE CIRCLE, SUITE E6A
City-St-Zip: WELLINGTON, FL 33414

Title: D
Name: KIDD, TIMOTHY
Address: 11360 FORTUNE CIRCLE, SUITE E6A
City-St-Zip: WELLINGTON, FL 33414

Title: D
Name: FLEMING, MARTIN
Address: 4699 LUCERNE LAKES BLVD # 101
City-St-Zip: LAKE WORTH, FL 33467

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN PRODAN

DP

05/01/2010

Electronic Signature of Signing Officer or Director

Date