

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N25039

1. Entity Name
LUCERNE PARK CONDOMINIUM ASSOCIATION NO.
TWENTY-FIVE, INC.



Principal Place of Business

3030 LUCERNE PK DR
LAKE WORTH, FL 33467 US

Mailing Address

3030 LUCERNE PK DR
LAKE WORTH, FL 33467 US

DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0089584

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANG, ANTONETTA P
3030 LUCERNE PK DR
LAKE WORTH, FL 33467

**DO NOT WRITE
IN THIS SPACE**

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)

U00000581595
01/10/07 00094 003 61.25

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RICHEL, DANIEL
STREET ADDRESS 3034 LUCERNE PARK DR
CITY-ST-ZIP LAKE WORTH, FL

TITLE TD
NAME LANG, ANTONETTA
STREET ADDRESS 3030 LUCERNE PK DR
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE VD
NAME MODLIN, FRED
STREET ADDRESS 3026 LUCERNE PARK DR
CITY-ST-ZIP LAKE WORTH, FL

TITLE SD
NAME SCHECHTER, ROBERTA
STREET ADDRESS 3028 LUCERNE PK DR
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE D
NAME KOBRITZ, SAM
STREET ADDRESS 3046 LUCERNE PARK DR
CITY-ST-ZIP LAKE WORTH, FL

TITLE D
NAME RIDOLF, FRED
STREET ADDRESS 3040 LUCERNE PK DR
CITY-ST-ZIP LAKE WORTH, FL 33467

**DO NOT WRITE
IN THIS SPACE**

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:

Antonetta P. Lang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07

Date

561-967-5875

Daytime Phone #