

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90021 048 ****61.25

DOCUMENT # N25039 1. Entity Name LUCERNE PARK CONDOMINIUM ASSOCIATION NO. TWENTY-FIVE, INC.			
Principal Place of Business <div style="border: 1px solid black; padding: 5px; display: inline-block;"> G Bernard Gilberg 3050 Lucerne Park Dr # 571 Greensacres, FL 33467 </div>		Mailing Address <div style="border: 1px solid black; padding: 5px; display: inline-block;"> G Bernard Gilberg 3050 Lucerne Park Dr # 571 Greensacres, FL 33467 </div>	
2. Principal Place of Business - No P.O. Box # <div style="border: 1px solid black; padding: 5px; display: inline-block;"> G Bernard Gilberg 3050 Lucerne Park Dr # 571 Greensacres, FL 33467 </div>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 65-0089584		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03262008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent LANG, ANTONETTA P 3030 LUCERNE PK DR LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent Name <div style="border: 1px solid black; padding: 5px; display: inline-block;"> G Bernard Gilberg 3050 Lucerne Park Dr # 571 Greensacres, FL 33467 </div> Street (table) 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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		BERNARD GILBERG 4/2/08 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP PD RICHEK, DANIEL 3034 LUCERNE PARK DR LAKE WORTH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP TREAS. <div style="border: 1px solid black; padding: 5px; display: inline-block;"> G Bernard Gilberg 3050 Lucerne Park Dr # 571 Greensacres, FL 33467 </div>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP TD LANG, ANTONETTA 3030 LUCERNE PK DR LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP SEC. HAROLD S. Hoch 3044 LUCERNE PK DR. GREENACRES, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP VD MODLIN, FRED 3026 LUCERNE PARK DR LAKE WORTH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP SD SCHECHTER, ROBERTA 3028 LUCERNE PK DR LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D KOBELITZ, SAM 3046 LUCERNE PARK DR LAKE WORTH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D RIDOLF, FRED 3040 LUCERNE PK DR LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:		4/2/08 866-969-2367 <small>Signature and typed or printed name of signing officer or director</small> Date Daytime Phone #	