FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 APR 18 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25044** **(1)**

1. Corporation Name

LUCERNE PARK CONDOMINIUM ASSOCIATION NO. TWENTY-SIX, INC.

Principal Place of Business	Mailing Address
% BAUER MANAGEMENT CORP. P.O. BOX 100547 FT LAUDERDALE FL 33310	% BAUER MANAGEMENT CORP. P.O. BOX 100547 FT LAUDERDALE FL 33310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1988
3a. Date of Last Report: 04/19/1994
4. FEI Number: 65-0074956 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2601 S. Bayshore Drive	26 c/o Lang Management Co.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 11320 Fortune Circle, G7
City & State 23 Miami, Florida	City & State 28 West Palm Beach, Florida
Zip / Country 24 33133 / 25 USA	Zip / Country 29 33414 / 30 USA

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAUER, STANELY D % BAUER MANAGEMENT CORPORATION 2550 W OAKLAND PK BLVD #201 FT LAUDERDALE FL 33311	91 Name: Marcia H. Langley 92 Street Address (P.O. Box Number is Not Acceptable): Attn: Legal Department 93 2601 S. Bayshore Drive 94 City: Miami FL 95 Zip Code: 33133

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ Marcia H. Langley 4/3/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	VA	☒ Change ☐ Addition
NAME	KULCZYCKI, GEORGE	12 NAME	George Kulczycki	
STREET ADDRESS	2601 S BAYSHORE DR	13 STREET ADDRESS	2601 S. Bayshore Drive	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, FL 33133	
TITLE	VSD	21 TITLE	DVS	☒ Change ☐ Addition
NAME	LANGLEY, MARCIE	22 NAME	Marcia H. Langley	
STREET ADDRESS	2601 S BAYSHORE DR	23 STREET ADDRESS	2601 S. Bayshore Drive	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, FL 33133	
TITLE	TD	31 TITLE	Pd	☐ Change ☒ Addition
NAME	BRANSON, DAVID	32 NAME	Christopher Cleary	
STREET ADDRESS	2601 S BAYSHORE DR	33 STREET ADDRESS	2601 S. Bayshore Drive	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami, FL 33133	
TITLE	VPAS	41 TITLE	DVT	☐ Change ☒ Addition
NAME	THOMAS, JEFFERY	42 NAME	Matthew J. Allen	
STREET ADDRESS	2601 S. BAYSHORE DR	43 STREET ADDRESS	2601 S. Bayshore Drive	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	Miami, Florida 33133	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

600001460186
-04/19/95--01054--001
***2340.00 ****130.00

SM 4/18

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with the address.

SIGNATURE: _____ 4/3/95 (305) 859-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Marcia H. Langley

000076B