
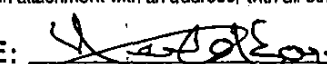


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90046 009 \*\*\*\*61.25

<b>DOCUMENT # N25046</b>					
1. Entity Name <b>LUCERNE PARK CONDOMINIUM ASSOCIATION NO. TWENTY-SEVEN, INC.</b>					
Principal Place of Business <b>3074 LUCERNE PARK DR BLDG 60 GREENACRES FL 33467 US</b>			Mailing Address <b>3074 LUCERNE PARK DR BLDG 60 GREENACRES FL 33467 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0074958</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KAYE, HERB 3074 LUCERNE PARK DR BLDG 60 GREENACRES FL 33467</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAYE, HERB		NAME	Kirschner, Joseph	
STREET ADDRESS	3074 LUCERNE PARK DR #60		STREET ADDRESS	3066 Lucerne Park Drive #59	
CITY-ST-ZIP	LAKE WORTH FL 33467-2019 *		CITY-ST-ZIP	Greenacres, FL 33467	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIND, IRVING		NAME		
STREET ADDRESS	3080 LUCERNE PARK DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33467 *		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYE, HERB		NAME		
STREET ADDRESS	3074 LUCERNE PARK DR. #60		STREET ADDRESS		
CITY-ST-ZIP	GREENACRES FL 33467-2019		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALPERIN, GABRIEL		NAME		
STREET ADDRESS	3084 LUCERN PARK DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33467 *		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYE, HERB		NAME		
STREET ADDRESS	3074 LUCERN PARK DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33467-2019 *		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	*Please change CITY to "GREENACRES"		NAME		
STREET ADDRESS	Thank you,		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>Herb Kaye</b>			2/1/2005 (561) 642-6563		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		