

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90118 042 ****61.25

DOCUMENT # N25046

1. Entity Name

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



Principal Place of Business

3074 LUCERNE PARK DR
BLDG 60
GREENACRES FL 33467
US

Mailing Address

3074 LUCERNE PARK DR
BLDG 60
GREENACRES FL 33467
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0074958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KAYE, HERB
3074 LUCERNE PARK DR
BLDG 60
GREENACRES FL 33467

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD KAYE, HERB	<input type="checkbox"/> Delete
STREET ADDRESS	3074 LUCERNE PARK DR #60	
CITY - ST - ZIP	GREENACRES FL 33467-2019	
TITLE NAME	SD SHIND, IRVING	<input type="checkbox"/> Delete
STREET ADDRESS	3080 LUCERNE PARK DR	
CITY - ST - ZIP	GREENACRES FL 33467	
TITLE NAME	TD KAYE, HERB	<input type="checkbox"/> Delete
STREET ADDRESS	3074 LUCERNE PARK DR. #60	
CITY - ST - ZIP	GREENACRES FL 33467-2019	
TITLE NAME	D HAMMOND, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	3084 LUCERNE PARK DR	
CITY - ST - ZIP	GREENACRES FL 33467	
TITLE NAME	D KAYE, HERB	<input type="checkbox"/> Delete
STREET ADDRESS	3074 LUCERNE PARK DR	
CITY - ST - ZIP	GREENACRES FL 33467-2019	
TITLE NAME	D KIRSCHNER, JOSEPH	<input checked="" type="checkbox"/> Deleted Deceased
STREET ADDRESS	3066 LUCERNE PARK DRIVE #59	
CITY - ST - ZIP	GREENACRES FL 33467	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3007 361-642-6563

Date

Daytime Phone #