## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N25046

FILED Apr 16, 2009 Secretary of State

Entity Name: LUCERNE PARK CONDOMINIUM ASSOCIATION NO. TWENTY-SEVEN. INC.

Current P	Principal Place	of Busin	ess:	New Prince	cipal Place	of Business:	
	ONGRESS AVE	NUE					
SUITE 2A VEST PA	LM BEACH, FL	33406	US				
urrent M	Mailing Addres	s:		New Mail	ing Address	s:	
328 S CC	ONGRESS AVE	NUE					
SUITE 2A VEST PA	LM BEACH, FL	33406	US				
El Number	r: 65-0074958	FEI Num	ber Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
lame and	d Address of C	urrent Re	egistered Agent:	Name and	l Address o	f New Registered Agent:	
HAMMOND, JAMES 3084 LUCERNE PARK DRIVE GREENACRES, FL 33467 US				2328 S CC SUITE 2A	CUSTOM PROPERTY MANAGEMENT, INC. 2328 S CONGRESS AVENUE SUITE 2A WEST PALM BEACH, FL 33406 US		
he above		submits th	is statement for the	purpose of changing	its registered	d office or registered agent, or bot	
n the Stat	e of Florida.					g ,	
	e of Florida. RE: LIZ CONT	1				04/16/2009	
	RE: LIZ CONT		ıre of Registered Ag	ent			
SIGNATU	RE: LIZ CONT	ic Signatu	ure of Registered Ag		NS/CHANGE	04/16/2009	
SIGNATU	RE: LIZ CONT Electron	ic Signatu TORS: Delete N : PARK DRI			NS/CHANGE	04/16/2009 Date	
PFFICER Itle: ame: ddress:	RE: LIZ CONT Electron S AND DIREC* VD () GERBOC, JOHN 3056 LUCERNE GREENACRES,	ic Signatu  FORS:  Delete  PARK DRI FL 33467  Delete  PARK DR		ADDITION Title: Name: Address:	S SHIND, IRVI 3080 LUCEF	04/16/2009 Date  ES TO OFFICERS AND DIRECT  ( ) Change ( ) Addition  (X) Change ( ) Addition	
DFFICER ttle: aame: ddress: ity-St-Zip: ttle: ame: ddress:	RE: LIZ CONT Electron  S AND DIRECT  VD () GERBOC, JOHN 3056 LUCERNE GREENACRES, SD () SHIND, IRVING 3080 LUCERNE GREENACRES,	ic Signatu  TORS:  Delete  PARK DRI  Delete  PARK DR  PARK DR  PARK DR  Delete  PARK DR  FL 33467  Delete	VE	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	S SHIND, IRVI 3080 LUCEF	04/16/2009 Date  ES TO OFFICERS AND DIRECT  ( ) Change ( ) Addition  (X) Change ( ) Addition  NG RNE PARK DR	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES HAMMOND P 04/16/2009