

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N26062 (2)

1. Corporation Name

**LUCERNE PARK CONDOMINIUM ASSOCIATION NO. THIRTEEN
N, INC.**



Principal Place of Business

Mailing Address

**3409 JOG PARK DR.
GREENACRES FL 33467-2038
US**

**3409 JOG PARK DR.
GREENACRES FL 33467-2038
US**

3. Date Incorporated or Qualified

04/22/1988

3a. Date of Last Report

03/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0179876

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing

☐

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

24

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

**GINSPARG, JOSHUA
3403 JOG PARK DR.
GREENACRES FL 33467**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **GINSPARG, JOSUA**
STREET ADDRESS **3403 JOG PARK DR**
CITY-ST-ZIP **GREENACRES FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **SCHNEIDER, KATHERINE**
STREET ADDRESS **3409 JOG PARK DR.**
CITY-ST-ZIP **GREENACRES FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **ROGUT, SIDNEY**
STREET ADDRESS **3370 JOG PARK DR**
CITY-ST-ZIP **GREENACRES FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PATSCH, WALTER H**
STREET ADDRESS **3399 JOG PARK DR.**
CITY-ST-ZIP **GREENACRES FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MORIN, ALFRED E**
STREET ADDRESS **3401 JOG PARK DRIVE**
CITY-ST-ZIP **GREENACRES FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **SCHWARTZ, HERBERT**
5.3 STREET ADDRESS **3347 JOG PARK DRIVE**
5.4 CITY-ST-ZIP **GREENACRES, FL 33467**

TITLE **D** ☒ DELETE
NAME **HOFFMAN, ROBERT**
STREET ADDRESS **3389 JOG PARK DRIVE**
CITY-ST-ZIP **GREENACRES FL**

6.1 TITLE ☒ Change ☒ Addition
6.2 NAME **WOODDELL, CHRISTINE**
6.3 STREET ADDRESS **3380 JOG PARK DRIVE**
6.4 CITY-ST-ZIP **GREENACRES, FL 33467-2072**

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)(k), 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 an address.

SIGNATURE: Joshua Ginsparg **JOSHUA GINSPARG**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96 **407-966-2670**
Date Daytime Phone #

CR2E037 (12/95)