

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26062 (2)
1. Corporation Name
LUCERNE PARK CONDOMINIUM ASSOCIATION NO. THIRTEEN, INC.



Principal Place of Business 3409 JOG PARK DR. GREENACRES FL 33467-2038 US		Mailing Address 3409 JOG PARK DR. GREENACRES FL 33467-2038 US		3. Date Incorporated or Qualified 04/22/1988	
				4. FEI Number 65-0179876	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Zip 25 Country		29 Zip 30 Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent GINSPARG, JOSHUA 3403 JOG PARK DR. GREENACRES FL 33467				10. Name and Address of New Registered Agent	
				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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	GINSPARG, JOSUA
STREET ADDRESS	3403 JOG PARK DR
CITY-ST-ZIP	GREENACRES FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	SCHNEIDER, KATHERINE
STREET ADDRESS	3409 JOG PARK DR.
CITY-ST-ZIP	GREENACRES FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	ROGUT, SIDNEY
STREET ADDRESS	3370 JOG PARK DR
CITY-ST-ZIP	GREENACRES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PATSCH, WALTER H
STREET ADDRESS	3399 JOG PARK DR.
CITY-ST-ZIP	GREENACRES FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	KETTLES, CLAIRE
STREET ADDRESS	3395 JOG PARK DR
CITY-ST-ZIP	GREENACRES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WOODELL, CHRISTINE
STREET ADDRESS	3380 JOG PARK DRIVE
CITY-ST-ZIP	GREEN ACRES FL
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SCHWARTZ, HERBERT
5.3 STREET ADDRESS	3397 JOG PARK DR
5.4 CITY-ST-ZIP	GREENACRES FL 33467
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 1-12-98** **561-966-2670**

CR2E037 (1097)