

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

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DOCUMENT # N26062

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



2. Principal Place of Business

21 3403 JOG PARK DR.

2a. Mailing Address

26 3403 JOG PARK DR.

3. Date Incorporated or Qualified

04/22/1988

Suite, Apt. #, etc.

22 GREENACRES FL

Suite, Apt. #, etc.

27 GREENACRES FL

4. FEI Number

65-0179876

Applied For

Not Applicable

City & State

23 33467-2038 US

City & State

28 33467-2038 US

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD ☒ DELETE

NAME SCHNEIDER, KATHERINE
STREET ADDRESS 3409 JOG PARK DR.
CITY-ST-ZIP GREENACRES FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☒ Addition

TITLE SD ☐ DELETE

NAME ROGUT, SIDNEY
STREET ADDRESS 3370 JOG PARK DR
CITY-ST-ZIP GREENACRES FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D ☐ DELETE

NAME PATSCH, WALTER H
STREET ADDRESS 3399 JOG PARK DR.
CITY-ST-ZIP GREENACRES FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D ☐ DELETE

NAME SCHWARTZ, HERBERT
STREET ADDRESS 3397 JOG PARK DR
CITY-ST-ZIP GREENACRES FL 33467

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☒ Addition

TITLE D ☐ DELETE

NAME WOODALL, CHRISTINE
STREET ADDRESS 3380 JOG PARK DRIVE
CITY-ST-ZIP GREEN ACRES FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE: JOSHUA GINSPARG 1-12-1999 561-966-2670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)