

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

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90110 018 ****61.25

DOCUMENT # N26062

1. Entity Name

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



Principal Place of Business

Mailing Address

**3403 JOG PARK DR.
GREENACRES FL 33467-2038
US**

**3403 JOG PARK DR.
GREENACRES FL 33467-2038
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

65-0179876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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	PT	<input type="checkbox"/> Delete
NAME	GINSPARG, JOSHUA	
STREET ADDRESS	3403 JOG PARK DR	
CITY ST ZIP	GREENACRES FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PYEATT, ROBERT	
STREET ADDRESS	3387 JOG PK DR	
CITY ST ZIP	GREENACHES FL 33467	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SASS, PAUL	
STREET ADDRESS	3405 JOG PARK DR	
CITY ST ZIP	GREENACRES FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHNEIDER, KAY	
STREET ADDRESS	3409 JOG PARK DRIVE	
CITY ST ZIP	GREENACRES FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWARTZ, HERBERT	
STREET ADDRESS	3397 JOG PARK DR	
CITY ST ZIP	GREENACRES FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERMAN, RUTH	
STREET ADDRESS	3407 JOG PARK DR	
CITY ST ZIP	GREENACRES FL 33467	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D WARREN KESSLER
STREET ADDRESS	3382 JOG PARK DR.
CITY ST ZIP	GREENACRES, FL 33467
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: Joshua Ginsparg **JOSHUA GINSPARG** 02-01-2007 561-966-2670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #