

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26062

FILED
Feb 19, 2009
Secretary of State

Entity Name: LUCERNE PARK CONDOMINIUM ASSOCIATION NO. THIRTEEN, INC.

Current Principal Place of Business:

3403 JOG PARK DR.
GREENACRES, FL 334672038 US

New Principal Place of Business:

Current Mailing Address:

3403 JOG PARK DR.
GREENACRES, FL 334672038 US

New Mailing Address:

FEI Number: 65-0179876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: GINSPARG, JOSUA
Address: 3403 JOG PARK DR
City-St-Zip: GREENACRES, FL 33467

Title: D () Delete
Name: KESSLER, WARREN
Address: 3382 JOG PARK DR
City-St-Zip: GREENACHES, FL 33467

Title: VPS () Delete
Name: SASS, PAUL
Address: 3405 JOG PARK DR
City-St-Zip: GREENACRES, FL 33467

Title: D () Delete
Name: SCHNEIDER, KAY
Address: 3409 JOG PARK DRIVE
City-St-Zip: GREENACRES, FL 33467

Title: D () Delete
Name: SCHWARTZ, HERBERT
Address: 3397 JOG PARK DR
City-St-Zip: GREENACRES, FL 33467

Title: D () Delete
Name: BERMAN, RUTH
Address: 3407 JOG PARK DR
City-St-Zip: GREENACRES, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSUA GINSPARG

PRES

02/19/2009

Electronic Signature of Signing Officer or Director

Date