

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26066

1. Entity Name

LUCERNE PARK CONDOMINIUM ASSOCIATION NO. TWELVE,

Principal Place of Business

3425 JOG PK DR
LAKE WORTH FL 33467
US

Mailing Address

3425 JOG PK DR
LAKE WORTH FL 33467-2039
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0089586

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

ROSEN, JOSEPH
3447 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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ROSEN, JOSEPH	3447 JOG PARK DRIVE	LAKE WORTH FL 33467	<input type="checkbox"/>
D	FALLON, MARY	3421 JOG PARK DRIVE	LAKE WORTH FL 33467	<input type="checkbox"/>
S	BIRNBAUN, LOUIS	3445 JOG PARK DR	LAKE WORTH FL	<input type="checkbox"/>
T	NIERENBERG, MARHTA	3425 JOG PARK DR	LAKE WORTH FL 33467	<input type="checkbox"/>
D	D'IPPOLITO, JOSEPHINE	3427 JOG PARK DRIVE	LAKE WORTH FL 33467	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)