

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90032 012 ****70.00

DOCUMENT # N26066

1. Entity Name
**LUCERNE PARK CONDOMINIUM ASSOCIATION NO.
TWELVE, INC**



Principal Place of Business
**3425 JOG PK DR
LAKE WORTH, FL 33467 US**

Mailing Address
**3425 JOG PK DR
LAKE WORTH, FL 33467 US**

40004419



2. Principal Place of Business
3429 JOG PARK DR.
Suite, Apt. #, etc.

3. Mailing Address
3429 JOG PARK DR.
Suite, Apt. #, etc.

01112005 Chg-NP CR2E037 (10/03)

City & State
GREENACRES

City & State
GREENACRES

4. FEI Number
65-0089586
Applied For
Not Applicable

Zip
33467
Country
U.S.

Zip
33467
Country
US

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 **ROBERT H. DITTMYRE**

Street Address (P.O. Box Number is Not Acceptable)

3429 JOG PARK DR.

City **GREENACRES**

FL

Zip Code
33467

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 **Robert H. Dittmyre** **ROBERT H. DITTMYRE PRES.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11.

ND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **ROSEN, JOSEPH**
STREET ADDRESS **3447 JOG PARK DRIVE**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **P** ☒ Change ☐ Addition
NAME **Robert Dittmyre**
STREET ADDRESS **3429 Jog Park Dr. # 4714**
CITY-ST-ZIP **Greenacres, FL 33467-2039**

TITLE **D** ☐ Delete
NAME **FALLON, MARY**
STREET ADDRESS **3421 JOG PARK DRIVE**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **BIRNBAUN, LOUIS**
STREET ADDRESS **3445 JOG PARK DR**
CITY-ST-ZIP **LAKE WORTH, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **NIERENBERG, MARHTA**
STREET ADDRESS **3425 JOG PARK DR**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **T** ☐ Change ☐ Addition
NAME **Ms Patricia Bobb**
STREET ADDRESS **3443 Jog Park Dr**
CITY-ST-ZIP **Greenacres FL 33467-2039**



Humane Society of the Palm Beaches

TITLE **D** ☐ Delete
NAME **D'IPPOLITO, JOSEPHINE**
STREET ADDRESS **3427 JOG PARK DRIVE**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Robert H. Dittmyre** **ROBERT H. DITTMYRE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05
Date

561-965-5166
Daytime Phone #