

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90192 034 ****61.25

DOCUMENT # N26066

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



Principal Place of Business
**3429 JOG PARK DR
LAKE WORTH, FL 33467 US**

Mailing Address
**3429 JOG PARK DR
LAKE WORTH, FL 33467 US**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP

CR2E037 (4/06)

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

**DITTMYRE, ROBERT H
3429 JOG PARK DR
GREENACRES, FL 33467**

**DO NOT WRITE
IN THIS SPACE**

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**

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

Robert H. Dittmyre

(NOTE: Registered Agent signature required when reinstating)

1/3/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DITTMYRE, ROBERT
STREET ADDRESS	3429 JOG PARK DR
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	FALLON, MARY
STREET ADDRESS	3421 JOG PARK DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	S
NAME	BIRNBAUN, LOUIS
STREET ADDRESS	3445 JOG PARK DR
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	D
NAME	D'IPPOLITO, JOSEPHINE
STREET ADDRESS	3427 JOG PARK DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	T
NAME	FONTANA, ANITA
STREET ADDRESS	2481 JOE PARK DR. - 3431 Jog Park Dr
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

1/3/07 561-965-5166

Date

Daytime Phone #