


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90001 033 ****61.25

DOCUMENT # N35160	
1. Entity Name LUCERNE PARK CONDOMINIUM ASSOCIATION NO. FOURTEEN, INC.	

Principal Place of Business IRVIN ROSENERG 3367 JOG PARK DR GREEN ACRES FL 33467 US	Mailing Address IRVIN ROSENERG 3367 JOG PARK DR GREEN ACRES FL 33467 US
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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 (10/07)

4. FEI Number 65-0184338	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSENBERG, IRVIN 3367 JOG PARK DR GREEN ACRES FL 33467
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7. Name and Address of New Registered Agent	
Name LAZARCZYK, THOMAS	
Street Address (P.O. Box Number is Not Acceptable) 3359 JOG PARK DRIVE	
City GREENACRES	Zip Code FL 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 THOMAS L. LAZARCZYK <i>Thomas L. Lazarczyk (Treasurer-Director)</i>	DATE 2/14/08

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSENBERG, IRVIN 3367 JOG PARK DR GREENACRES, FL 33467 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TASHMAN, LEONARD 3339 JOG PARK DR GREENACRES FL 33467 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DL SKLUTH, ALFRED 3381 JOG OARK DR. GREEN ACRES FL 33467 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAZARCZYK, MARY 3359 JOG PARK DR GREEN ACRES FL 33467 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LAZARCZYK, THOMAS 3359 JOG PARK DR GREEN ACRES FL 33467 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DRESSNER, IDA 3375 JOG PARK DRIVE GREENACRES, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRATER, EDYTHE 3337 JOG PARK DRIVE GREENACRES, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DL KENNEDY, MARJORIE 3343 JOG PARK DRIVE GREENACRES, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <i>Thomas L. Lazarczyk</i>	THOMAS L. LAZARCZYK	DATE: 2/14/08	CONTACT: 561-969-1304
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