

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35160

FILED
Jan 26, 2009
Secretary of State

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

Current Principal Place of Business:

IRVIN ROSENERG
3367 JOG PARK DR
GREEN ACRES, FL 33467 US

New Principal Place of Business:

THOMAS LAZARCZYK
3359 JOG PARK DR
GREEN ACRES, FL 33467 US

Current Mailing Address:

IRVIN ROSENERG
3367 JOG PARK DR
GREEN ACRES, FL 33467 US

New Mailing Address:

THOMAS LAZARCZYK
3359 JOG PARK DR
GREEN ACRES, FL 33467 US

FEI Number: 65-0184338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAZARCZYK, THOMAS
3359 JOG PARK DRIVE
LAKE WORTH, 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: DP () Delete
Name: DRESSNER, IDA
Address: 3375 JOG PARK DRIVE
City-St-Zip: GREENACRES, FL 33467

Title: SD () Delete
Name: STRATER, EDYTHE
Address: 3337 JOG PARK DRIVE
City-St-Zip: GREENACRES, FL 33467

Title: DL () Delete
Name: KENNEDY, MAJORIE
Address: 3343 JOG PARK DRIVE
City-St-Zip: GREENACRES, FL 33467

Title: VP () Delete
Name: LAZARCZYK, MARY
Address: 3359 JOG PARK DR
City-St-Zip: GREEN ACRES, FL 33467

Title: DT () Delete
Name: LAZARCZYK, THOMAS
Address: 3359 JOG PARK DR
City-St-Zip: GREEN ACRES, 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
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: THOMAS LAZARCZYK

DT

01/26/2009

Electronic Signature of Signing Officer or Director

Date