

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42870

1. Corporation Name

LUCERNE PARK HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

391/2 AZALEA Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

37 AZALEA DR

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

City & State

WINTER HAVEN FL

Zip

33881

Country

POLK

Zip

33881

Country

POLK

FILED
09 MAR 24 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
B. 3/25/09
200147027142
03/24/09--01007--024 **61.25
CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

☒ **Applied For**
☐ **Not Applicable**

6.

CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

JEANINE LABBE

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

37 AZALEA DR

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33881

☐ **The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Jeanine Labbe

REGISTERED AGENT MUST SIGN

Date *3/19/09*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	MARY L. ROBERTS	51 AZALEA DR	WINTER HAVEN FL 33881
VP	GARY KROUPA	45 AZALEA DR	WINTER HAVEN FL 33881
DIR	BOB COSSELMON	96 LAKE SMART DR	WINTER HAVEN FL 33881
TREA	PATRICIA CORNING	12 GARDENIA DR	WINTER HAVEN FL 33881
DIR	LEO PESTA	128 IXORA DR	WINTER HAVEN FL 33881
DIR	PHIL SPITLER	18 GARDENIA DR	WINTER HAVEN FL 33881

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Leo M Pesta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/09

Date

Daytime Phone #