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Secretary of State


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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000005979					
1. Corporation Name LUCERNE POINTE RECREATION ASSOCIATION, INC.					
Principal Place of Business 4580 LUCERNE LAKES BLVD. LAKE WORTH FL 33467			Mailing Address GRS MANAGEMENT ASSOCIATES 3900 WOODLAKE BLVD. SUITE 201 LAKE WORTH FL 33146 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/16/1997 4. FEI Number 65-0255540 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent GELFAND, MICHAEL J ESO C/O GELFAND & ARPE, P.A. 250 SOUTH AUSTRALIAN AVENUE #1010 WEST PALM BEACH FL 33401-5014			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DP <input type="checkbox"/> DELETE NAME BLAU, LOUIS STREET ADDRESS 4580 LUCERNE LAKES BLVD. CITY-ST-ZIP LAKE WORTH FL 33467			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE SD <input type="checkbox"/> DELETE NAME BLOOMFIELD, SHEPARD STREET ADDRESS 4580 LUCERNE LAKES BLVD. CITY-ST-ZIP LAKE WORTH FL 33467			2.1 TITLE DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE DVP <input checked="" type="checkbox"/> DELETE NAME SILVERMAN, JOE STREET ADDRESS 7682 TAHITI LANE, #104 CITY-ST-ZIP LAKE WORTH FL 33467			3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME HARRIS, MARVIN 3.3 STREET ADDRESS 7689 TAHITI LANE #106 3.4 CITY-ST-ZIP LAKE WORTH, FL 33467		
TITLE DT <input type="checkbox"/> DELETE NAME GLICK, ABRAHAM STREET ADDRESS 4580 LUCERNE LAKES BLVD. CITY-ST-ZIP LAKE WORTH FL 33467			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

561-641-8554
Daytime Phone #

CR2E037 (1/98)