

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005979

1. Entity Name

LUCERNE POINTE RECREATION ASSOCIATION, INC.

**FILED**  
**Mar 25, 2000 8:00 am**  
**Secretary of State**

03-25-2000 90013 018 \*\*\*\*61.25

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 33463-3045  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0255540

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GELFAND, MICHAEL J ESQ  
C/O GELFAND & ARPE, P.A.  
250 SOUTH AUSTRALIAN AVENUE #1010  
WEST PALM BEACH FL 33401-5014

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete  
NAME BLAU, LOUIS  
STREET ADDRESS 4580 LUCERNE LAKES BLVD.  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVP ☒ Delete  
NAME BLOOMFIELD, SHEPARD  
STREET ADDRESS 4580 LUCERNE LAKES BLVD.  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME HARRIS, MARVIN  
STREET ADDRESS 7689 TAHITI LANE #106  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☐ Delete  
NAME GLICK, ABRAHAM  
STREET ADDRESS 4580 LUCERNE LAKES BLVD.  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **VICE PRESIDENT**  
STREET ADDRESS **ZERAZNIK, FLORALEE**  
CITY-ST-ZIP **4734 LUCERNE LAKES BLVD. #203**  
**LAKE WORTH, FL 33467**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)