


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90095 029 \*\*\*\*61.25

<b>DOCUMENT # N97000005979</b> 1. Entity Name <b>LUCERNE POINTE RECREATION ASSOCIATION, INC.</b>					
Principal Place of Business <b>4580 LUCERNE LAKES BLVD. LAKE WORTH, FL 33467</b>			Mailing Address <b>GRS MANAGEMENT ASSOCIATES 3900 WOODLAKE BLVD, SUITE 201 LAKE WORTH, FL 33146 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>GRS MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463</b>		
City & State			4. FEI Number <b>65-0255540</b>		
Zip			Country		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent <b>GELFAND, MICHAEL J ESQ C/O GELFAND &amp; ARPE, P.A. 250 SOUTH AUSTRALIAN AVENUE #1010 WEST PALM BEACH, FL 33401-5014</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>Make check payable to Florida Department of State</b>			10. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAU, LOUIS		NAME	LiFF, Harold	
STREET ADDRESS	4580 LUCERNE LAKES BLVD.		STREET ADDRESS	7673 Tahiti Lane #105	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	Lake Worth FL 33467	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Schechtel, Lillian	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDMAN, MARTIN		NAME	4580 Lucerne Lakes Blvd #102	
STREET ADDRESS	7618 TAHET LN., #104		STREET ADDRESS	Lake Worth, FL 33467	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLICK, ABRAHAM		NAME	Rish, Ralph	
STREET ADDRESS	4580 LUCERNE LAKES BLVD.		STREET ADDRESS	4735 Lucerne Lakes Blvd	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	Lake Worth FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANT, BOB		NAME	500 Silverman	
STREET ADDRESS	7572 TAHITI LN #101		STREET ADDRESS	7682 Tahiti Lane	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	Lake Worth FL 33467	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKOLNIK, SOL		NAME	Bob Mendell	
STREET ADDRESS	4734 LUCERNE LAKES BLVD D#104		STREET ADDRESS	4725 Lucerne Lakes Blvd.	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	Lake Worth FL 33467	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FASBERG, JACK		NAME		
STREET ADDRESS	7770 TAHITI LANE #208		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		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 or other like empowered.					
<b>SIGNATURE:</b> _____ <b>3/1/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

50022621



01052005 Chg-NP CR2E037 (10/03)

\$8.75 Additional  
Fee Required

FL Zip Code