2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2006 8:00 am Secretary of State

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1. Entity Name

LUCERNE POINTE RECREATION ASSOCIATION, INC.



Principal Plac 4580 LUCER LAKE WORTH	ne lakes blvd.	Mailing Address GRS MANAGEMENT ASSO 3900 WOODLAKE BLVD S LAKE WORTH, FL 33463	STE 309	- FIDERINE RICHER REGION THE STAN THE S	: 1471/47 BL 1651		
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01272006 Chg-NP CR2E037 (11/05)			
City & Stat	е	City & State	,	05 0055540	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent			
GELEAND	, MICHAEL J ESQ		Name		1		
C/O GELF	AND & ARPE, P.A. H AUSTRALIAN AVENUE #101	0	Street Address	is (P.O. Box Number is Not Acceptable)			
	LM BEACH, FL 33401-5014						
•	\$ 15 A 15		City FL Zip Code				
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or registe	red agent, or both, in the State of Florida. I am familiar wi	th, and accept		
i www.ga.	and the second s						
SIGNATURE .	No.						
	Signature, typed or printed name of registered agent an	d little if applicable. (NOTE: F	Registered Agent signature require	a when reinstating) DATE			
	- L						
	Filing Fee is \$61.25 Due by May 1,2006	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees Make check payable Florida Department of			
10.	130.42	Trust Fund Co	ontribution.	40.00 May 00	State		
TITLE	OFFICERS AND DIRE	Trust Fund Co	11.	Added to Fees Florida Department of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Change	IN 10 e Addition		
TITLE NAME	OFFICERS AND DIRE DP BLAU, LOUIS	Trust Fund Co	11. IITLE NAME N.C.	Added to Fees Florida Department of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Cliange Color	IN 10 e Addition		
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

HULL Abraham Glick

Moreh 8, 2006

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