


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-24-2006 90023 010 \*\*\*\*61.25

<b>DOCUMENT # N97000005979</b>					
<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 STE 309 LAKE WORTH, FL 33463 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0255540	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GELFAND, MICHAEL J ESQ C/O GELFAND & ARPE, P.A. 250 SOUTH AUSTRALIAN AVENUE #1010 WEST PALM BEACH, FL 33401-5014			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DP	<b>NAME</b> BLAU, LOUIS		<b>TITLE</b> D	<b>NAME</b> Needle, Herbert	
<b>STREET ADDRESS</b> 4580 LUCERNE LAKES BLVD.	<b>CITY-ST-ZIP</b> LAKE WORTH, FL 33467		<b>STREET ADDRESS</b> 4760 Lucerne Lakes Blvd #107	<b>CITY-ST-ZIP</b> Lake Worth, FL 33467	
<b>TITLE</b> D	<b>NAME</b> SCHELCHTEL, LILLIAM		<b>TITLE</b> SD	<b>NAME</b> Sherman, Dorothy	
<b>STREET ADDRESS</b> 4880 LUCERNE LAKES BLVD #102	<b>CITY-ST-ZIP</b> LAKE WORTH, FL 33467		<b>STREET ADDRESS</b> 4735 Lucerne Lakes Blvd #210	<b>CITY-ST-ZIP</b> Lake Worth, FL 33467	
<b>TITLE</b> DT	<b>NAME</b> GLICK, ABRAHAM		<b>TITLE</b> D	<b>NAME</b> Emanuel, Anthony	
<b>STREET ADDRESS</b> 4580 LUCERNE LAKES BLVD.	<b>CITY-ST-ZIP</b> LAKE WORTH, FL 33467		<b>STREET ADDRESS</b> 4745 Lucerne Lakes Blvd #102	<b>CITY-ST-ZIP</b> Lake Worth, FL 33467	
<b>TITLE</b> SD	<b>NAME</b> HIRSH, RALPH		<b>TITLE</b> D	<b>NAME</b> Albert, Stuart	
<b>STREET ADDRESS</b> 4735 LUCERNE LAKES BLVD	<b>CITY-ST-ZIP</b> LAKE WORTH, FL 33467		<b>STREET ADDRESS</b> 7578 Tahiti Ln #206	<b>CITY-ST-ZIP</b> Lake Worth, FL 33467	
<b>TITLE</b> D	<b>NAME</b> SKOLNIK, SOL		<b>TITLE</b> D	<b>NAME</b> (blank)	
<b>STREET ADDRESS</b> 4734 LUCERNE LAKES BLVD D#104	<b>CITY-ST-ZIP</b> LAKE WORTH, FL 33467		<b>STREET ADDRESS</b> (blank)	<b>CITY-ST-ZIP</b> (blank)	
<b>TITLE</b> D	<b>NAME</b> FASBERG, JACK		<b>TITLE</b> D	<b>NAME</b> (blank)	
<b>STREET ADDRESS</b> 7770 TAHITI LANE #208	<b>CITY-ST-ZIP</b> LAKE WORTH, FL 33467		<b>STREET ADDRESS</b> (blank)	<b>CITY-ST-ZIP</b> (blank)	
<b>12. I hereby 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.</b>					
<b>SIGNATURE:</b> <i>Abraham Glick</i>			<b>SIGNATURE:</b> <i>Abraham Glick</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <i>March 8, 2006</i>		
DAYTIME PHONE # <i>561-439-5019</i>			DAYTIME PHONE #		