

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90083 041 ****61.25

DOCUMENT # N97000005979

1. Entity 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 STE 309
LAKE WORTH, FL 33463 US

40075884



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007

Chg-NP

CR2E037 (12/06)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida 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 VPD
STREET ADDRESS Lift, Hal
CITY-ST-ZIP 7673 Tahiti Ln #105
Lake Worth, FL 33467

TITLE D ☐ Delete
NAME NEEDLE, HERBERT
STREET ADDRESS 4760 LUCERNE LAKES BLVD., #107
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 SD ☐ Delete
NAME SHERMAN, DOROTHY
STREET ADDRESS 4735 LUCERNE LAKES BLVD., #210
CITY-ST-ZIP LAKE WORTH, FL 33467

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

TITLE D ☐ Delete
NAME EMANUEL, ANTHONY
STREET ADDRESS 4745 LUCERNE LAKES BLVD., #102
CITY-ST-ZIP LAKE WORTH, FL 33467

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

TITLE D ☒ Delete
NAME ALBERT, STUART
STREET ADDRESS 7578 TAHITI LANE, #206
CITY-ST-ZIP LAKE WORTH, FL 33467

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 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07

561-439-5019