

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90015 018 \*\*\*\*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**

**40063663**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042008 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, 2008**

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
EMANUEL, ANTHONY  
4735 LUCERNE LAKES BLVD., #406  
LAKE WORTH, FL 33467 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
LIFF, HAL  
7673 TAHITI LANE #105  
LAKE WORTH, FL 33467 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
Silverman, Joseph  
7682 Tahiti Lane  
LAKE WORTH, FL 33467 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
Diamond, Fred  
7633 Tahiti Lane  
LAKE WORTH, FL ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
Emanuel, Anthony  
4735 Lucerne Lakes Blvd #406  
Lake Worth, FL 33467 ☒ Change ☐ Addition

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

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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/7/08**