2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005979

FILED Feb 04, 2009 Secretary of State

Entity Name: LUCERNE POINTE RECREATION ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4580 LUCERNE LAKES BLVD. 4580 LUCERNE LAKES BLVD. W. LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 **Current Mailing Address: New Mailing Address:** GRS MANAGEMENT ASSOCIATES 3900 WOODLAKE BLVD STE 309 LAKE WORTH, FL 33463 FEI Number: 65-0255540 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: 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 334015014 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SILVERMAN, JOSEPH Name: Name: 7682 TAHITI LANE Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: () Delete Title: () Change () Addition NEEDLE, HERBERT Name: Name: Address: 4760 LUCERNE LAKES BLVD., #107 Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: () Delete Title: () Change () Addition DIAMOND, FRED Name: Name: Address: 7633 TAHITI LANE Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: SHERMAN, DOROTHY Name: 4735 LUCERNE LAKES BLVD., #210 Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: Title: DVP () Delete () Change () Addition EMANUEL, ANTHONY Name: Name: 4725 LUCERNE LAKES BLVD. #406 Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: () Delete Title: (X) Change () Addition GRANT, ROBERT LIFF, HAL Name: Name: Address: 7673 TAHITI LANE #105 Address: 7578 TAHITI LANE #101 LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH SILVERMAN PRES 02/04/2009